

# CHEMIST & DRUGGIST

the newsweekly for pharmacy

January 20, 1990



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## DoH proposes equal pay on appliances

## Take-up of homes and PMR fees patchy...

## Clinical update on anti-oxidants

## Rent rise shock sparks campaign



## Tanning for 1990: playing it safe

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# CHEMIST & DRUGGIST

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# IN THIS ISSUE

VOLUME 233 NO 5710

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## Appliance suppliers to be paid on same basis as pharmacy contractors next year? 72

Department says large differential cannot be justified as consultation notice goes out

## Survey of 10 FPCs shows take-up of homes and PMR payments patchy 73

Take-up runs at around 10 per cent in Kent and Essex FPCs

## Lakhani wins second RDC appeal over Sawtry pharmacy 73

18 month rural dispensing fiasco comes to an end

## Pharmacist in court for supplying strychnine 74

Sanderstead pharmacist resigns from Register

## The heat is on in the sunpreps market 92

C&D's special feature charts changing consumer attitudes

## Clinical update on anti-oxidants 100

The role of vitamins in degenerative disease

## RPSGB seeks funds for drug budget advice 102

Re-introduction of targets for student intake sought

## Hendon chemist fights against 400 per cent rent rise 103

David Cohen campaigns for control of commercial rents

## Generic manufacturers lose royalty payments appeal 104

Appeal court lays down markers for determining sum due

## REGULARS

Topical reflections 75

Counterpoints 76

Prescription specialities 85

Letters 86,88

Business news 102

Coming events 104

Classified advertisements 105

People 110

# COMMENT

Letters from Dispensing Doctors' Association chairman David Roberts usually prove to be like the proverbial red rag to a bull to pharmacists. The Letters pages this week are a testament to the fact that he has not lost his touch as pharmacists react to his put down last week of the part-time pharmacy service Council member Nick Wood offers at Ingrave (C&D January 6, p19). The final line of his letter is typical of the man: "But then, by dispensing doctor standards aren't all retail pharmacies 'part-time'?"

Deputy chairman of the Pharmaceutical Services Negotiating Committee, David Coleman, rebuts Dr Robert's assertion that dispensing doctors do provide a 24-hour, 365-day dispensing service, with his example of a deputising doctor employed by one such practice over Christmas who could only diagnose and prescribe, not dispense.

Nor is he alone in finding fault with Dr Roberts' wildly unrealistic claims. Another pharmacist, writing under a pen name because his local dispensing practice's catalogue of "crime" is so sensitive, points out that the only time his pharmacy dispenses prescriptions for patients resident

outside the one mile limit, is when the surgery is closed on Saturday afternoon. Yet another letter writer spells out the availability of a full range of OTC medicines through pharmacy, together with general healthcare advice without appointment. Nick Wood, for his part, points out the demise of the original pharmacy on the site was prompted by the closure of the branch surgery, inconveniencing the patient. Despite local pressure, the branch surgery, unlike the pharmacy, has remained closed.

The point is that Mr Wood is providing patients with a service that the pharmacist alone can provide in its fullness and variety; one that cannot be matched by the quite different services provided given by dispensing doctors, even if they were available. Both have merits and, as such, the respective professions should seek to co-operate for the overall good of the public rather than squabble, as Dr Roberts would appear to prefer to do.

Meantime Mr Wood will continue to build up his business hoping that the doctors will return to give their special service, and to speed the return of full-time pharmacy in Ingrave.

# DoH proposes equal pay for supplying appliances

Appliance contractors in England, Scotland and Wales may be paid on the same basis as pharmacy contractors by early next year.

At present, they are paid considerably more than pharmacy contractors for dispensing the same product. The Department of Health says it can see no justification for such a large variation.

But a final decision will not be taken until the DoH has considered the views of appliance contractors on the proposal. If it is upheld, the new pay system will be implemented after a 12 month notice period.

In a Family Practitioner Notice to appliance contractors, the DoH proposes to bring the arrangements for remunerating appliance contractors for the services they provide, and for reimbursing them for the costs of the appliances they dispense, into line with those applicable to pharmacy contractors.

Of all prescriptions for appliances, 98 per cent are dispensed by pharmacy contractors, and 2 per cent by appliance contractors, who receive no dispensing fees, but are paid an on-cost of 25 per cent.

Pharmacy contractors receive dispensing fees, a 6 per cent on-cost and various minor allowances. A deduction is made from the ingredient costs paid to them to recover discounts which they are deemed to have received, but no such deduction is made from appliance contractors. As a result of these differences, the amounts paid for identical prescriptions has diverged.

Following a similar circular issued by the Scottish Home and

Health Department, the secretary of the Pharmaceutical General Council Dr Colin Virden, said: "The news of this proposal will be welcomed by pharmacy contractors, although we would have preferred to have seen their remuneration increased to the current level of appliance suppliers."

In Northern Ireland, where appliance contractors are also paid more than pharmacists, Mr Ronald McMullan, of the Central Services Agency's pharmacy unit, says he knows of no plans by the Department of Health and Social

Services to equalise the rates.

Mr Ian Sherwood, director of the dispensing appliance contractors section, British Surgical Trade Association, said the Association will be seeking members' opinions and will present them to the DoH. "We see the DoH comparing the remuneration formula without a comparative evaluation of the services offered."

Appliance contractors offered an established service operation, a wide range of appliances, and a personal service in ways that pharmacy contractors did not.

## Council delays further over Boots GSL plans

The Royal Pharmaceutical Society's Ethics and Education Committees have again postponed a decision on proposals by Boots the Chemists to introduce open displays of GSL medicines in their stores.

One of the pilot sites for the new display format, in Stratford-on-Avon, has not yet been refitted. This will be the most adventurous format Boots are trialling — effectively a "shop within a shop" for medicines. Council members are hoping to visit the store before making any final decision.

The Society's Council is concerned that the new display format, allowing self-selection, will infringe the Code of Ethics and mean the pharmacies in question do not comply with the current

requirements for the training of pre-registration graduates.

*C&D* understands the Society has asked Boots to suspend trials on the so-called phase 1 and 2 formats, which involve self-selection from gondolas alongside, or running away from the chemist counter, and an upgraded counter and merchandising display. Paradoxically it has been suggested that while medicine sales have increased in the trial stores, so have sales of Pharmacy medicines which remain restricted.

If the trial layouts prove successful, it is understood the company plans to use the "shop within a shop" format in its top 300 stores.

The Society has been kept fully informed about Boots' plans.

## Companies failed to warn of risk?

Solicitors representing over 2,000 alleged victims of tranquilliser addiction last week sent their allegations to solicitors acting for John Wyeth and Brother and Roche.

The claims allege that the pharmaceutical companies knew when they introduced their tranquillisers — Ativan and Valium — that there was no reliable evidence that use for long periods was beneficial and that there was a risk it would lead to dependence and withdrawal symptoms. The companies are accused of failing to

warn doctors against the risk.

The 485 firms of solicitors representing potential claimants hope to agree a streamlined procedure with Wyeth and Roche under the guidance of the Courts so the cases can be heard. They are hoping to set up a system of registration to allow claimants to take part in the multi-party litigation involved. Under English law a test case cannot be run in isolation to individual claims.

A spokesman for Roche told *C&D* on Tuesday that the company's solicitors were looking

into the status of the "master statement of claim" which they had received.

Wyeth told *C&D* on Tuesday that they have received a "preliminary statement of claim" but that it was inappropriate to comment in any detail "on matters which will come before the courts in due course". They add that the benefits of any drug must be balanced against possible adverse effects, and knowledge of both benefits and risks is constantly growing as a result of research and experience.

## Rural roles defined

The Royal Pharmaceutical Society's Council has approved a policy statement setting out the roles of pharmacists and doctors, in view of the proposed abolition of the Rural Dispensing Committee. The statement will be used in all future discussion on the provision of pharmaceutical services. It reads:

"The basic principle underlying the organisation of the general medical and pharmaceutical services within the NHS since its inception has been that the public is best served when each of the professions undertakes the tasks for which its members are specifically educated and trained. This is a principle which has the wholehearted support of the pharmaceutical profession. Thus, medical practitioners should diagnose and prescribe and pharmacists should dispense. In this arrangement each of the professions contributes its special expertise to the process which leads eventually to a prescribed medicine reaching the patient. The objective must be to provide this service to all members of the public. Any other arrangement is bound to be second best."

A statement on those lines has been included in a joint response by the Society and the Pharmaceutical Services Negotiating Committee to Government proposals on the powers of the new family practitioner service authorities (*C&D*, January 6, p4). In a letter to Health Minister Mrs Virginia Bottomley, the two organisations expressed concern about the situation that would arise in rural areas.

The letter said that the proposed abolition of the Rural Dispensing Committee was a matter of extreme regret and if it went ahead there should be a national appeal body financed by and under the auspices of the regional health authorities.

**Nielsen Consumer Data** say that the OTC top ten appearing last week (p58) was based on the total value of sales in all shop types for the year ending September/October 1989. The market definition for oral analgesics included tablet only. A market including liquid analgesics would revise the top ten rankings, showing Calpol within the top three brands. Decongestants are a composite market combining certain liquids, tablets, sprays, drops and rubs. Various market definitions can apply here and a wider market view would incorporate brands in the top ten such as Sinutab, Sudafed and Actifed.

# Win again at Sawtry

The Sawtry pharmacy that has been the subject of High Court action against it by local dispensing doctors has again been approved by Health Secretary Kenneth Clarke after an oral hearing.

Mr Clarke has, for the second time, dismissed the doctors' appeal against the Rural Dispensing Committee's decision to approve the pharmacy, which was first granted a contract some 18 months ago by Cambridgeshire FPC. A procedural problem enabled the doctors to take the issue to the High Court, and pharmacist Bhupendrakumar Lakhani had to get a court order against the FPC which was trying to take his contract away.

Mr Lakhani says he is pleased with the result, although he will have to wait another six months before dispensing patients transfer to the prescribing list. He adds: "My business has suffered for 18 months and I am looking at compensation."

## ABPI look into breach of Code claim

The Association of the British Pharmaceutical Industry is investigating a claim that companies who supply cholesterol testing machines to GPs could be contravening their Code of Practice.

By providing these machines, the industry may be encouraging cholesterol testing to increase the prescription of cholesterol lowering drugs, says a letter in *The Lancet* from Mike Rayner, of the Coronary Prevention Group, and Imogen Sharp, of the National Forum for Coronary Heart Disease Prevention.

They quote results from a questionnaire completed by 220 GPs, practice nurses and health visitors, in which 57 per cent said he source of the machine was drug companies.

A spokesman at the ABPI told *C&D*: "We are making inquiries with the view to referring the matter to the Code of Practice Committee."

Merck Sharp and Dohme, who make Zocor, told *C&D* they are not loaning or giving any cholesterol testing machines to GPs but have some machines in surgeries as part of a clinical trial. This is a non-promotion activity, and therefore not within the ABPI Code of Practice.



## Home and PMR payments take-up 'patchy'

A confusing picture is emerging over the take-up of payments for providing advice services to residential homes and keeping payments records.

*C&D* has approached ten family practitioner committees in England and Wales, and found FPCs at different stages of processing applications — and therefore making payments to pharmacists.

In the ten FPCs questioned, only 200 or so pharmacies had applied for residential home payments — around one in eight of the total. Totals for PMRs were even fewer, at around 170 pharmacies across the ten FPCs.

Take-up rates varied markedly between FPCs. Some 42 pharmacies in Norfolk out of just over 100 have applied for payments for residential homes and 28 for PMR fees. In the large Kent and Essex FPCs — those having around 400 contractors — take-up of the payments is running at around 10 per cent. And in Mid Glamorgan there have been no applications at all yet for residential home payments.

FPCs with large numbers of residential homes within their boundaries are already considering allowing the payment of annual fees for more than five homes to pharmacists claiming for them.

In the retirement riviera of West Sussex, the LPC has been asked to provide further information in support of a claim from two pharmacists for 14 and 11 homes respectively. In

Norfolk, the FPC is also having to consider three or four claims for payments for pharmaceutical service to more than five homes.

At a number of FPCs — including Staffordshire and

Northamptonshire — applications are still being processed. In others, like West Sussex and Cleveland, some applications have been processed, while others are still in the system.

## Tampon warning labels

The Government may require more prominent labelling to be attached to tampon containers to warn of medical hazards arising from such products.

Ms Jo Richardson, Labour's spokesman for women, has urged the Government to advise manufacturers that a warning about toxic shock syndrome should be clearly visible on the

outside of packs.

Mr Eric Forth, Minister for Consumer Affairs, said officials at the Department of Trade were in correspondence with the industry about more prominent labelling on the use of the products. He added that he had no intention at present of asking manufacturers to mention toxic shock syndrome on the outside of the pack.

## Dispensing packs only

The European Community labelling regulations could cause problems for UK pharmacists unless original pack dispensing is introduced by 1992.

The National Pharmaceutical Association's delegate to the EC's Pharmacy Group, Collette McCready, says the proposals on labelling and the provision of patient leaflets with each supply appear not to have an exemption for dispensed medicines. This will not present much of a problem in most European countries: in general medicines are already

supplied in fully labelled original packs, many with leaflets, but in the UK this is not so.

In order to comply, both proprietary and generic medicines will have to be labelled in compliance with the EC regulations and supplied with a "patient friendly" insert detailing, among other things, the drug indications — with a few exceptions — and possible side effects. It will be difficult to do this with medicines dispensed from manufacturers' packs. Mrs McCready says.

# Pharmacist supplied strychnine to schoolboy

A pharmacist from Sanderstead in Surrey supplied strychnine to a schoolboy, Croydon magistrates heard recently.

It came to light when police were called to an explosion in the boy's garden shed, said John Kennedy, prosecuting.

A list of drugs supplied by Vinodrai Padhiar from his Limpsfield Road, Sanderstead, pharmacy was found.

Mr Padhiar, of Riding Hill, Sanderstead, pleaded guilty to two charges of supplying medical products, and two charges of supplying drugs, at R.I. Wyle Chemist, Limpsfield Road, Sanderstead.

Mr Kennedy said the boy had worked at the shop, and Mr Padhiar had supplied him with run-

of-the-mill drugs which did not need a prescription. The boy was interested in chemistry, and he trusted the boy to make proper use of the drugs.

However, he then supplied him with toxic drugs, which could be fatal. The boy had been cautioned by police.

Mr Padhiar no longer owns the pharmacy in Limpsfield Road. He has bought another in Saffron Waldon, Essex. He already has a conviction for supplying a Controlled Drug in July.

Christopher Spratt, defending, said this was a stupid slip by Mr Padhiar, which had had ghastly consequences already. His motives for giving the boy the drugs were misguided but innocent. He also lent the boy

pharmaceutical books to help with his studies.

The drugs in all cost about £20, and they were given, not sold. Although the strychnine was in a bottle labelled 500ml, there was a great deal less than that.

"Mr Padhiar was overwhelmed by it all, and now suffered from manic depression. He was not struck off the Register of Pharmaceutical Chemists in July, but would be now. He had, in fact, sent in his resignation. He had been a pharmacist for 13 years, and had no other means of earning a living," said Mr Spratt.

Magistrates said many people took a very serious view of these offences. Mr Padhiar was given a conditional discharge for two years.

## Smashing fine

An out of work clerical officer was "extremely upset" by the news of a close friend's successful suicide attempt when he accidentally smashed a £500 shop window while confronting a group of youths, Highbury Corner Magistrates Court heard recently. Ronald Britton of 33 McIndee Court, Islington, admitted causing criminal damage to the window, belonging to Turnbulls Chemist, 155 Essex Road, Islington, on December 26.

Mr Britton forcefully removed a hammer from one of a group of youths who were taunting him. To scare the group away, he knocked the hammer against what he thought was a wall, but was the window. He was fined £100, bound over to be of good behaviour for 12 months in the sum of £250, and ordered to pay £500 compensation to Turnbulls.

## Generic shortages

The Department of Health has agreed that for the month of January where pharmacists cannot obtain generic supplies of cotrimoxazole tablets 80/400 and diclofenac sodium tablets 50mg, and have to supply a branded product, reimbursement will be made for the branded item as long as the prescription is endorsed.

## Glasgow pharmacists warned about co-codaprin

Pharmacists in Glasgow are being warned to be on the look out for people abusing co-codaprin tablets, available over-the-counter as Codis.

The problem is not widespread but up to 20 per cent of drug abusers may be abusing co-codaprin. Dr Michael Sakol, clinical psychologist at Glasgow Southern General Hospital, told C&D.

Users are dissolving up to 100 tablets in water and filtering the mixture through coffee filters. It is not a drug of choice, but since buprenorphine has become a Controlled Drug and temazepam tablets are not available, limiting the supply of capsules, users are looking for alternatives, says Mr Sakol.

There is not enough evidence to suggest that an application

should be made for the products to become Prescription Only Medicines or Controlled Drugs. Bruce Rhodes, assistant secretary of the Royal Pharmaceutical Society, told C&D.

"This type of incident emphasises the need for such a product to be sold through pharmacies and for pharmacists to exercise proper supervision. It calls for a bit of local tightening up in sales," said Mr Rhodes.

## NI payments

The Pharmacy Contractors Committee in Northern Ireland is expecting proposals shortly from the Department of Health on payments for visiting nursing homes and keeping patient medication records.

PCC secretary Mr T. O'Rourke is also expecting a letter from the Department in the next few weeks on other aspects of remuneration. The coding fee has recently risen by 6.6 per cent, and Mr O'Rourke suggests this may not be too far from what the DHSS will be offering for 1990-91.

The flu epidemic may have brought prescription numbers up to the 3 per cent rise forecast during the last negotiating round. Mr O'Rourke said if there was a shortfall the PCC would be seeking to have payments rectified.

## Research group formed

Community pharmacists interested in drug utilisation are being encouraged to join a new national group.

The UK Drug Utilisation Research Group recently held its first general meeting, at which pharmacists, doctors and other specialists heard about research in areas such as comparative utilisation of drugs liable to misuse and antibiotics in hospital formularies. The group has about 200 members from a range of disciplines.

Kath Griffiths, a pharmacist at the Queen Elizabeth Hospital's drug and therapeutics unit in Birmingham told C&D: "We would like to have more community pharmacists joining the group. It is important that they make the best of their expertise."

DURG's main objectives are to encourage co-operation and communication between people interested in drug utilisation with "particular concern for patient care". The recent NHS White Paper highlights this field, but it is something pharmacists have been doing as routine, she says.

The group would be interested in hearing from pharmacists working with GPs to look at prescribing patterns especially where computers are involved. Ms Griffiths says that they hope to set up regional meetings over the next few months. Pharmacists interested should contact her on 021-472 1311 ext 4511.

## Approved names

Five new approved names have been given to combination products in the 8th supplement to British Approved Names 1986, published by the British Pharmacopoeia Commission.

They are: co-flumactone (hydroflumethiazide and spironolactone 1:1); co-phenotrope (diphenoxylate hydrochloride and atropine sulphate 100:1); co-prenozone (oxprenolol and cyclopentiazide 640:1); co-simalcite (activated dimethicone and hydrotalcite); and co-tenidone (atenolol and chlorthalidone 4:1).

The list also includes approved names for aclarubicin, daniquidone, fosquidone and fomepizole; candoxatril, candoxatrilat and cilestanine; cefpodoxime, clarithromycin and trospectromycin and fosinopril and zofenopril.

## Hospital pay talks to resume?

Hospital pay negotiations are likely to resume in the near future, according to the Department of Health. A spokeswoman told *C&D* that it was hoped both sides of the Pharmaceutical Whitley Council would meet in the next few weeks.

Pay talks broke down in the Summer following the rejection of the management side's 6.5 per cent offer. Staff side chairman Bob Timson told *C&D* the Department's comment was "very interesting".

He said: "The formal position is that we are still waiting for a response. We are hoping for something positive following our statement in September when we said we would not take industrial action and would moderate our claim. Their lack of response indicates they really can't meet the challenge we put to them".

## CPP election reminder

The closing date for nominations for the College of Pharmacy Practice's 1990 elections is January 31.

There are four vacancies for governors created by normal retirement. The period of office for these vacancies is three years. There is also a vacancy for two years arising from the resignation of Dr T. Bradley.

All three associate representatives have now completed the membership examination and so are no longer eligible to serve. They will, however, continue to attend governor's meetings until the annual meeting in May. The periods of office will be for three years, two years, and one year.

Nominations, in writing, must be proposed and seconded by members of the College, and have the consent of the nominee.

The closing date for registration for the supply and dispensing of medicines (assessment A) and specialist knowledge (assessment B) exams is January 31. Assessment A will be held in the morning, and assessment B in the afternoon of Thursday March 8. Details and registration forms are available from Alison Oliver, College of Pharmacy Practice, Bell House, 111 Lambeth Road, London SE1 7JL. Tel: 01-735 0418.

# TOPICAL REFLECTIONS

by Xrayser

## Ownership balance

AAH have just purchased 16 more pharmacies, while Macarthy have set up a property team with the aim of increasing their present 200 pharmacies to 500 in two-three years. And Unichem — on course to go public this year — have appointed Lord Rippon as their chairman designate. What then? The ownership of community pharmacies is undergoing radical change, something I view with foreboding.

I remember that when I started on the long road to ownership of my own pharmacy there were only two major chains. Since then the multiples have increasingly dominated pharmacy ownership and this trend has been exacerbated by the restrictions placed on pharmacy openings by the new contract arrangements. Now, with the aggressive assault on the wholesale sector by Unichem, the wholesalers have entered the ownership arena with a vengeance, foreseeing that the best way to guarantee their own survival is by becoming vertically integrated. In the short term this has helped artificially raise the price of pharmacies beyond the reach of most aspiring young pharmacists. In the long term, it will concentrate the profession in the hands of the surviving conglomerates.

The tail, however, must not be allowed to wag the dog. Boots have demonstrated admirable professional responsibility which, hopefully, will be mirrored by their aspiring competitors. But what if the management of Boots changes? Rumours of a Hanson takeover bid have been rife in the City. It is now vitally necessary that the professionally inspired graduates of today do not have their idealism blunted by the commercial ambitions of non-pharmacy management.



## BS safeguard

Mates condoms are being relaunched and promoted to pharmacies. They seem to change distributor as regularly as I change my shirt. I wonder why?

Chris Bell from Mates quite rightly points out that the new Mates will conform with the new 1989 British Standard. But which standard do Durex conform to, and why are there apparently different standards that the manufacturer can adopt,

while still being able to display that famous kite mark? In my ignorance I have always thought that the most up-to-date standards would be those adopted by any manufacturer, and any reference to previous listings would have automatically been deleted by the British Standards Office on publication of the new. As it is, a BS number is published under the kite mark, but who knows to what it refers and whether it is still accords with current recommendations?

## Standards aim

For years I have supported enactment of section 66 of the Medicines Act, so I was delighted to receive my letter from Marion Rawlings explaining the initiative Council has taken to encourage an improvement in standards in premises.

The shop floor reflects directly the image of the profession, and if any practice is not up to standard then the inspector must recommend change. Some pharmacists may resent this intrusion into their private world, but the profession is a composite of us all, and should no longer be practised in isolation. If recommendation is met with denial, then persuasion must be used, even if this involves a Statutory Committee hearing.

# COUNTERPOINTS

## H&S is now intensive for dandruff

Procter & Gamble have added an intensive treatment shampoo into their Head & Shoulders range, for "people with persistent dandruff".

The shampoo contains a dual action formula of piroctone olamine and ZPT.

Hair is said to benefit from the shampoo because of in-built conditioning agents, and a refreshing fragrance makes it easy to use, says the company.

Intensive treatment is available in 100ml standard packs (£1.99) which also include a 30p-off coupon during the launch.

Additionally, 40ml trial size packs (£0.75) are also available with information leaflets and a 50p-off next purchase coupon for the 100ml size. *Procter & Gamble Ltd. Tel: 091-279 2000.*

## Rina Ketty gets luxurious

Fine Fragrances & Cosmetics have introduced a luxurious formula cream bleach that is mixed up prior to use.

The Rina Ketty luxurious formula comes as a kit containing accelerator cream and bleaching cream, with a mixing tray and spatula (£3.95). The creams are blended and then applied to face and body hair, taking around five to 10 minutes for light hair and 10-20 minutes for dark hair. The new formula is said to be especially kind to skin. *Distributors De Witt International Ltd. Tel: 01-441 9310.*

**Arrowmed** have taken over the distribution of the Crimpers Pure haircare products range which includes shampoos, conditioners and hairsprays. *Arrowmed Ltd. Tel: 0420 64300.*



## Pandas join Panadol baby and infant

Sterling Health have relaunched Panadol baby and infant elixir as a suspension, with a new pack design and a promotional campaign.

The new suspension is sugar and alcohol free in "easy pour" formula, say Sterling Health. It is strawberry-flavoured and contains paracetamol 120mg in 5ml. The dose is: Children aged 3 months to one year 2.5-5ml; aged one-six years 5-10ml; aged six-12 years 10-20ml. Doses can be repeated every four hours with up to four doses in 24 hours. Packed in 100ml bottles and supplied with a spoon, the recommended price is £1.49 (6 £5.44 trade).

The new pack design incorporates the "Panadol roundel" linking it with the rest of the range. A dispensing pack of the new suspension (11 £4.70

trade) will also be introduced.

Panadol baby and infant suspension will be available from Boots and large multiples from the end of January and independent pharmacies from February.

Sterling Health are sponsoring an appeal to raise funds for the intensive care baby unit at the Guy's Evelina Children's Hospital, over the next few months. A cuddly cartoon character, Pandy Panadol will feature on packs, window display cards and counter collection boxes. Consumers will be able to write in for "Panda's poorly puzzle pads" in return for charity donations of £5 and above and giant pandas will be donated to local children's hospitals. From June, advertising will run in the mother and baby Press. *Sterling Health Tel: 0483 65599.*

## A Slim promotion

Scott Ltd are running a free product promotion on Libra slims during January and February, offering women four extra towels.

Libra's Pantyliners will also be supported with a "35p-off next purchase" promotion over the same period. *Scott Ltd. Tel: 0342 327191.*

## Mavala offer

Mavala are running a 30p-off coupon in the February issue of *Family Circle*. The coupon entitles readers to money off the 5ml colorfix top coat (£2.85). The offer is valid until March 24.

Mavala stockists participating in the offer will be able to send coupons to Mavala or hand them to their representative, says the company. *Mavala Laboratories. Tel: 0732 459412.*

## Givenchy's powder prism goes compact

Parfums Givenchy have launched the luxury colour harmony powder prism compact described as "a new version" of the original powder prism.

The compact (£14.50) has been developed so that users of the powder prism will be able to carry the colours around with them in a handbag.

It contains shades of pink mauve, salmon and apricot and has vitamins A and E to help prevent the skin drying out. *Parfums Givenchy Ltd. Tel: 0932 245111.*

## Masks for the UK

Andrea Products, currently on sale in the US, are now being sold in the UK by Original Additions.

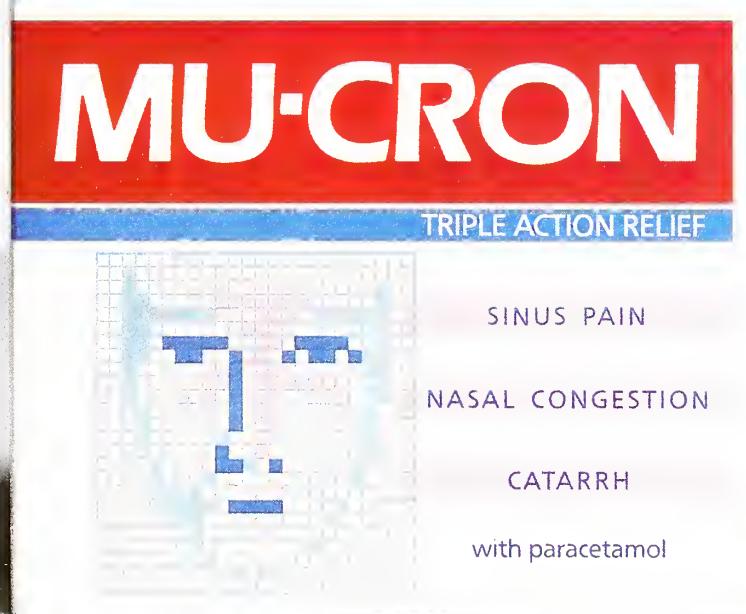
This month sees the introduction of Andrea face masks (£0.45) available in four variants: rose refining, collagen, oatmeal and mud.

Each mask comes in a sachet suitable for one application and they are sold in 24-piece or 96-piece display units at a trade price of £7.20 and £28.80 respectively. *Original Additions (Beauty Products) Ltd. Tel: 01-537 9907.*

## Gentle Mudd for the face

Chattem have added to their Mudd range with a Mudd mask sensitive, formulated for dry skins and older sensitive skins.

The mask is available in a 75g tube (£3.30) or a single sachet (£0.69). It is fragrance free, hypoallergenic and contains only 100 per cent natural clays, says the company. *Chattem (UK) Ltd. Tel: 0256 844144.*



## Otrivine

Decongestant  
**NASAL SPRAY**

Adult  
formula



**To make them even more effective this winter  
we've given them £1.7million of air.**

 This winter, our two leading OTC decongestant brands will really be opening up the airways.

 We've launched commercials for both Otrivine and Mucron worth a combined £1.7million of national television airtime.

 Both of these brands are exclusive to pharmacies, of course.

 So you could say we're actually encouraging congestion this year. But only in the queue for your till.





Last year's Counter Credit promotion went down so well with you, we've decided to run it again. Only this year, you stand to pick up even better prizes.

Because not only are we letting you carry over any unused points from last year, during certain months of the year, you can also pick up double points. So just remind yourselves of the rules.

## SOME IMPORTANT POINTS ON PICKING UP £1,000,000 WORTH OF PRIZES.

→ You're awarded points every time you place an order from our monthly promotional book. There's no limit, so quite simply, the more you spend during 1990, the more points you earn.

→ You also get an entry into the monthly prize draw. So the more you spend, the more chance you have of picking up one of the monthly prizes, which include big cash prizes, on top of your chosen catalogue prizes.



→ Your staff also get a slice of the action. They'll each be given personalised 'credit cards' with their own unique number. If their number comes up in the monthly draw, they'll win a prize too.

There's a whole catalogue of prizes to choose from, literally, with the star prize being, like last year, a 1.3 Metro City X saloon, equipped with all the extras.

So speak to your UniChem representative today about all the details. As you can see, we credit you with a lot more than sense for being a UniChem member.



UNICHEM LIMITED, UNICHEM HOUSE, COX LANE,  
CHESSINGTON, SURREY KT9 1SN. TEL: 01-391 2323.

# Everything's Good

IN HEALTH, HOME & BEAUTY

## GLADE DRY

12 x 300ml

Price Marked 59p P.O.R. 27%

**4.49**

## VANISH BAR

12 x 75gm

S.R.P. 1.09 P.O.R. 29.7%

**7.99**

## VENO'S COUGH MIXTURE

6 FOR THE PRICE OF 5

6 x 100ml

R.P.M. 1.53 P.O.R. 45%

**4.39**

## RETRACTOR DISPOSABLE RAZORS

PLUS 1 EXTRA RAZOR FREE

9 x 6's

S.R.P. 39p P.O.R. 34.7%

**1.99**

## MACLEANS TOOTHPASTE FRESHMINT/ MILD MINT

PLUS 10% EXTRA FREE

12 x 55ml

P.M. 57p P.O.R. 28.5%

**4.25**

*Feeling  
Good*

**NURDIN & PEACOCK**

**Voted Britain's No 1 Cash & Carry.**

For details of your local branch phone 01-631 5269

Offers available from 22.1.90 till 9.2.90

All offers subject to availability & VAT where applicable

These offers are not available  
from our Staines branch

Wholesalers not supplied

## Stars for Miners look

"Girls on Film" is the latest look in the Miners cosmetics range for Spring.

Shades named after the stars include magenta munro for lipsticks and matching nail polishes as well as scarlet o'hara.

African queen is a pearly eyeshadow quartet and man cub is a soft brown blusher.

Other shades for Spring eyes include pinks, silvers, plums and creams. *Max Factor Ltd.* Tel: 0202 524141.

## So smooth

Remington have introduced the Lady Remington Smooth & Shapely nailcare system which is said to give "salon perfect manicures and pedicures at a fraction of the cost".

The system (£9.95) runs on one AA size battery and has seven interchangeable grooming attachments to keep both hands and feet in condition, says the company.

Smooth & Shapely comes with its own storage pouch for the attachments and is said to be compact enough to pop in a handbag or a suitcase. *Remington Consumer Products Ltd.* Tel: 01-942 9361.

## Karvol on TV

Crookes Healthcare are supporting Karvol with an advertising spend totalling over £1m.

Up until the end of February, the product will be featured on morning television and until March, insertions will appear in *Mother & Baby* magazine. *Crookes Healthcare*. Tel: 0602 507431.

## TV stamps from Fisons

Fisons Consumer Health are running an on-pack promotion for free television licence stamps on both sizes of their Sanatogen natural cod liver oil liquid.

Consumers are asked to cut out the bar codes at the bottom of the cartons, either two of the 240ml size or one of the 500ml size, and send them off with the completed leaflet available with each promotional pack. They will then receive a television licence stamp worth £0.50.

No postage stamps are necessary and there is no limit to the number of applications says the company.

The promotion will be flashed on both sizes of natural cod liver oil liquid — 240ml (£1.95) and 500ml (£3.45) and a range of supporting merchandising material including counter units and wobblers is available. *Fisons Consumer Health*. Tel: 0509 611001.

## Spring is Chic

Max Factor have introduced "Naturally Chic", the Spring look for their Swedish Formula brand.

Lipsticks (£2.75) come in apricots, raspberries and corals while eye shadow duos concentrate on combinations of blues, browns and lilacs (£3.95).

Black, gentle brown and violet are the shades for the eyeliner pencils (£2.15) and mascara (£3.25) comes in black, brownish black and navy.

Blusher for Spring is in three shades of persian rose, rosebud and pure coral. *Max Factor Ltd.* Tel: 0202 524141.

**Anthony Broad** have taken over the distribution of Dentrex sensitive toothpaste from Wellcome. *Broad Laboratories plc.* Tel: 0753 693600.

## Natural look for Kinebo

Kanebo have gone back to nature for this Spring's new look.

The company has put an emphasis on natural colours with soft, natural shades mixed with strong, darker colour nuances such as sun yellow, red or rust.

Palettes are made up of individual colour godets which can be arranged in a variety of compositions, says the company. *Kanebo, division of OBL Manufacturing Ltd.* Tel: 0633 46362.

### ON TV NEXT WEEK

GTV Grampian	U Ulster	SK Sky
B Border	G Granada	STV Scotland (central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TV South
C4 Channel 4	TV-am Breakfast	TT Tyne Tees
	Television	

<b>Atrixo:</b>	All areas
<b>Beecham Hot Remedies:</b>	All areas
<b>Benylin:</b>	All areas
<b>Canderel:</b>	All areas
<b>Contac 400:</b>	STV, C, A, HTV, TVS & LWT
<b>Coughcaps:</b>	All areas except C4 & TV-am
<b>Day &amp; Night:</b>	All areas
<b>Day Nurse:</b>	All areas
<b>Endekay dental health gum:</b>	A, TSW, TVS, LWT, TTV & C4
<b>Harmony hairspray:</b>	GTV, B, C, CTV, U, STV
<b>Just for men:</b>	Y
<b>Lemsip, Lemsip Linctus &amp; Lemsip Expectorant:</b>	All areas except C
<b>Libra Bodyform:</b>	All areas except CTV & C4
<b>Listerine:</b>	All areas
<b>Minadex:</b>	TV-am
<b>Mucron:</b>	All areas except CTV & TV-am
<b>Nicobrevin:</b>	All areas except CTV, LWT & TV-am
<b>Night Nurse:</b>	All areas
<b>Otrivine:</b>	All areas except CTV & TV-am
<b>Rennie:</b>	All areas except UCTV, C4 & TV-am
<b>Sanatogen:</b>	TV-am
<b>Sensodyne:</b>	All areas except G, Y, A, CTV & TV-am
<b>Sinutab:</b>	All areas
<b>Throaties/Throaties Extra:</b>	TV-am
<b>Timotei shampoo:</b>	All areas except TV-am
<b>Veno's:</b>	All areas except C4 & TV-am
<b>Zubes:</b>	C, Y



## BLISS FOR TROUBLED LIPS

When your customers have lip problems, the best advice you can give them is Blisstee Cream.

- Anti-viral/Anti-bacterial action
- Stimulates regeneration of damaged lip tissue
- Helps prevent infection
- Protects lips against wind and cold
- Can be used under lipstick



### BLISSTEE - BLISS FOR TROUBLED LIPS

DENDRON LTD., 94 RICKMANSWORTH ROAD, WATFORD, HERTS, WD1 7JJ TEL (0923) 229251

# This year we're really sticking our neck out ...



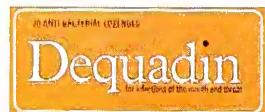
*And it's costing us nearly £500,000 to do it.*

*In an extensive press campaign "Knotty Nigel" will be working hard to persuade your customers to ask for new **Dequacets** by name. In addition, radio coverage will be promoting the Dequa range.*

*Place your order now via your local wholesaler or Evans representative.*



*When a sore throat comes with a stuffy nose.*



*For soothing all the family's sore throats.*



*For severe sore throats.*

**EVANS** - Keeping ahead of the competition

## COUNTERPOINTS

### Sterling offer lingerie in Cymalon promotion

Sterling Health are promoting Cymalon with a consumer offer of french knickers and camisole tops running until the end of February.

The offer will be detailed via in-pack literature and special point of sale leaflets explaining how customers can order the sets of french knickers with matching lace trimmed camisoles, for £12.99 per set — this is said to be almost

half the recommended value.

The promotion is being advertised directly to the consumer via women's magazines including *Cosmopolitan*, *Company*, *Brides* and *Setting up Home*, reaching nearly half a million potential Cymalon customers during the January/February period, say *Sterling Health*. Tel: 0483 65599.

### Child's play at Unichem

"Child's play" is the name given to Unichem's Spring promotion running from February to April.

The offer includes three consumer incentives as well as two trade offers for Unichem members.

Two proofs of purchase entitle consumers to a free "pop-up" play pharmacy, while eight earn an additional die-cast model of Unichem's delivery van. For 12 proofs of purchase the consumer is entitled to a larger scale van and a free pop-up play pharmacy.

Throughout the promotion Unichem members will benefit from 15 per cent discount when ordering ten or more items from the Unichem own-brand products included in the offer.

The promotion is being supported at point of sale by window posters and leaflets and all member pharmacists displaying the materials have the chance to win an all-expenses paid trip for two to Amsterdam. *Unichem*. Tel: 01-391 2323.

### Time for Spring Max

Max Factor have introduced the Spring look for their Outdoor Girl range of cosmetics.

"Splash into Spring" will be available from February. Shades for lips (£1.59) include pink mother of pearl and deep grape with nail colours available in complementary colours (£1.39).

Hawaii is the name given to the eyeshadow quintet (£2.49) which combines blues, pinks and greys.

Eyeshadow options (£1.49) includes golden reef, pebble splash and palm breeze while the powder blush (£1.99) comes in oyster pink and soft coral. *Max Factor Ltd*. Tel: 0202 524141.

### Bonus offer

Original Additions are offering bonus-priced products until the end of February.

Products on offer include: Elegant Touch natural look tips and high fashion tips flash packed at £2.99 (£1.73 trade); Cabot's vitamin E cream 3oz £5.25 (£3.06); oil 1oz £4.95 (£2.87); hand and body lotion 12oz (£3.25) (£1.89); Cabot's Crystal Clear, in deals of 18 packs including mascara, tinted mascara, brown definer and lip gloss, all £1.49. *Original Additions (Beauty Products) Ltd*. Tel: 01-573 9907.

### So natural

Pan Britannica Industries have launched a whole range of natural/organic gardening products called Bio-Friendly.

The range contains 11 products, from organic plant foods to natural growing media.

Point of sale material, including a "Bio Friendly shop" will support the range and there will be full page advertisements in the *Daily Telegraph*, *The Guardian* and various Sunday supplements and gardening magazines. *Pan Britannica Industries Ltd*. Tel: 0992 23691.

### Dark & Lovely

Coral Associates are distributing a new line of Dark & Lovely moisture products for Afro hair.

Made by Carsons Products in the USA, the new range is said to be specially formulated for relaxed and colour treated hair and is designed to complement a wide range of hairstyles.

The range comprises holding spray, conditioning oil sheen spray, moisturiser hair lotion and hair repair creme moisturiser. Prices will be available from wholesalers, say *Coral Associates*. Tel: 0235 510839.

# Hexagon® HCG Pregnancy Test Kit



The unique combination of monoclonal and polyclonal antibodies in Early Bird gives virtually 100% accuracy and its high sensitivity can detect pregnancy up to 5 days before a missed period.

- ⊕ Results are stable for up to 4 days and can be shown to the partner, GP and family.
- ⊕ 10 tests in each space saving pack – including test result pad.
- ⊕ Clear ⊕ or ⊖ result with no bars or colour shades to interpret.

## SPECIAL OFFER . . . . . ORDER FORM

Please supply  Kit(s) and  FREE Kit(s)

Direct/Wholesaler – Delete as required

Name .....

Address .....

..... Post Code .....

Signature .....

Early  
Bird

Wholesaler .....

Depot .....

Account No. ....

SEND TO: **FREEPOST**

KENT PHARMACEUTICALS LTD, WOTTON ROAD, ASHFORD, KENT TN23 2LL

Bonus Stock will be supplied direct from Kent Pharmaceuticals Ltd

SEE OVER FOR DENTANURSE OFFER.

## Help for using eye drops

Opticare, a compliance aid for eye drop administration distributed by W.W. Medsystems, has been designed by pharmacist Ernest Prebble.

The device is aimed at elderly and disabled patients who may have trouble applying regular eye medication and consists of an eye bath which fits round the eye to prevent the dropper touching the eye, combined with a squeezer. The device prevents drops running down the cheeks and guarantees delivery.

Two sizes are available Opticare 10 in an ivory colour for use with 10ml bottles and Opticare 5 which is pale blue and is designed for use with 5ml plastic bottles. Both retail at around £8.95 (£5.83 trade). *W.W. Medsystems. Tel: 0484 654590.*

**Pharmax** say that outers of 12 have been introduced for Vasogen (50g £7.58, 100g £12.88), Effico (300ml £14.88) and Balmosa (20g £4.27 40g £5.66, all prices trade). *Pharmax Ltd. Tel: 0322 91321.*

## Tiger Balm

Tiger Balm Ltd have launched Tiger Balm liquid (28ml £3.35) for the relief of muscular aches.

The six active ingredients are derived from natural plant sources says the company. They are menthol 10 per cent, clove oil 5 per cent, camphor 11 per cent, cajeput oil 7 per cent, peppermint oil 6 per cent, and cinnamon oil 5 per cent. The liquid also contains light mineral oil 56 per cent.

A new merchandiser holding four units of Tiger Balm liquid, eight of the red extra strength and four of the white regular strength is available from distributors, LRC Products. A consumer information leaflet and promotional activity is planned for later this year. *Distributors, LRC Products Ltd. Tel: 01-527 2377.*

**Smith & Nephew** have launched a new Suncare range under the Simple brand name (see p97), carrying the "Not perfumed. Not coloured. Just Kind" catchline. The range comprises a cream SPF 12; aftersun; suncare lotion in SPF 6 and 8 and a sun block. It will be supported with a £500,000 campaign in the women's Press and national newspapers. *Smith & Nephew Consumer Products Ltd. Tel: 021-327 4750.*

## AAH offer waistcoats for staff

AAH Pharmaceuticals have introduced a Vantage quilted waistcoat — designed for Vantage shop staff.

It is available in grey and features a "discreet" Vantage logo, says the company. The waistcoat can be worn over Vantage overalls or tabards.

Sold in single outers in sizes 8, 12, 14 and 16 the waistcoat has a trade price of £12; size 16 has a slightly higher price of £13.50. *AAH Pharmaceuticals Ltd. Tel: 0928 717070.*

## Mouthwash support

Warner Lambert Healthcare are promoting their range of mouthwashes in a series of Spring offers.

Oraldene is being promoted from February 5 until the end of March when every bottle will

come with a free measuring cup. The cup fits on top of the bottle and allows for the exact measurement of 50ml.

Listerene and Listermint are currently part of a "mystery shopper" campaign with mystery shoppers representing the company visiting pharmacies throughout the UK checking stocks of the products. *Warner Lambert Healthcare. Tel: 0703 620500.*

## Keep Able

Keep Able have introduced a starter pack of aids for the disabled, to help pharmacists gauge sales potential.

Consisting of items for the kitchen, dining room, lounge, bedroom and bathroom, the range appeals to people who have difficulty with everyday tasks, as well as being suitable for gifts, say Keep Able.

The company also produces two catalogues featuring larger items like commodes and wheelchairs. A colour catalogue is available as a reference book and black and white copies are available to give out to customers. The Keep Able starter pack costs around £190 trade. *Keep Able. Tel: 0933 679426.*

# NEW FROM THE MAKERS OF OLBAS OIL & KALM A NATURAL SLEEP-PROMOTING PREPARATION

## Now people sleep more peacefully - more naturally with

- Natural remedy based on Passiflora
- No prescription necessary
- No known side effects
- Non habit forming
- Recommend with perfect confidence
- Fully licensed OTC remedy for mild insomnia
- National advertising in daily press, health magazines & women's magazines throughout the year
- Trade margins are rewarding

Distributed to the pharmacy trade by Ernest Jackson & Co Ltd. Telephone 03632 2251

Made by Lanes — leaders in natural health care



## Ciproxin warning

The Data Sheet for Ciproxin has been changed to include a warning that the drug may impair the ability to drive or operate machinery, particularly if combined with alcohol.

Patients should be advised not to take antacids containing magnesium or aluminium hydroxide while on Ciproxin therapy because interference with absorption may occur.

Other interactions now include a warning that prolongation of bleeding time has been reported during administration with anticoagulants and serum creatinine is raised when taken with cyclosporin. The indications and side effects have also been revised. *Bayer UK Ltd Pharmaceutical Division. Tel: 0635 39000.*

## Stoma advice

Clinimed have set up a telephone advisory service for pharmacists, ostomists and their carers.

Run by Catherine Andrews, head of the Clinimed Advisory

Service team, information is available on any of the company's products, including wound care and catheters, or stoma care in general. Ostomists will be put in touch with their nearest stoma care nurse or support group.

Pharmacists want advice on a variety of matters, from whether a belt can be worn with the product, to irrigation of stomas, says Diane Kirkwood, clinical manager. The advisory service is available on freephone 0800 585125. *Clinimed Ltd. Tel: 0628 850100.*

## Ro-A-Vit revision

The Data Sheet for Ro-A-Vit has been revised following the change from an oil-based to a water miscible formulation.

The revised formulation has an enhanced bioavailability and although this has been offset in dose recommendations, children and patients with underlying liver disease may be more susceptible to vitamin A toxicity, say Roche. In addition, the injection should never be mixed with other agents before injection. *Roche Products Ltd. Tel: 0707 328128.*

**Rorer Pharmaceuticals** are introducing Frumil LS tablets containing frusemide 20mg and amiloride 2.5mg and designed for frail, elderly patients. Presented in a 28-day calendar pack (£3.25), the product will be available from January 22. A hospital only, 100 tablet pack (£10.45, both prices trade) is also available. *Rorer Pharmaceuticals Ltd. Tel: 0323 21422.*

**Cox Pharmaceuticals** have added temazepam Gelthix capsules to their range. The 10mg (1,000 £27.64) and 20mg (500 £24.11, both prices trade) are both green and marked "Gelthix 10" and "20". *Cox Pharmaceuticals Ltd. Tel: 0271 75001.*

**Smith Kline & French** are introducing original dispensing packs of Vertigon Spansules. New packs of 10mg (60 £2.24) and 15mg (60 £2.74 trade) should be available from January 22. *Smith Kline & French Laboratories Ltd. Tel: 0707 325111.*

**Roche** have introduced a new Roferon-A pack which includes an integrated syringe kit. Prices remain the same. *Roche Products Ltd. Tel: 0707 328128.*

**Calcium and vitamin D** tablets have been reformulated because of a request from the Department of Health, say Cox. Each tablet now contains calcium lactate 300mg, calcium phosphate 150mg and

vitamin D 400iu. The appearance and the price of the tablets are unchanged. *Cox Pharmaceuticals Ltd. Tel: 0271 75001.*

**Beecham Research** advise that Broxil Syrup 125mg/5ml is now free from azo-dyes. The colour of the reconstituted syrup has changed from red to off-white. *Beecham Research Laboratories Ltd. Tel: 01-560 5151.*

**Cilag** are now marketing Gyno-Pevaryl pessary with a plastic disposable vaginal applicator to allow insertion high into the vagina. The price is unchanged. *Cilag Ltd. Tel: 024024 3541.*

**Galen** have introduced Galenamox capsules and suspension containing amoxycillin in the following presentations: 250mg (100 £7.80, 500 £34.75) and 500mg (100 £15.54); 100ml suspension 125mg in 5ml (100ml £1.09) and 250mg in 5ml (100ml £1.96, all prices trade). Capsules are rust and white and overprinted "Gmx 250" or "Gmx 500" on the cap and "Galen" on the body.

The suspension is lemon-flavoured. *Galen Ltd. Tel: 0762 334874.*

**Rybar Laboratories** advise that following the expiry of the UK product licence for Rybarvin on February 5, the product may be supplied only on a named patient basis. *Rybar Laboratories Ltd. Tel: 0494 722741.*



A fully licensed traditional natural herbal remedy for the treatment of temporary or occasional sleeplessness



'Hello lactulose... goodbye Tolstoy...'



**lactulose**  
lactulose solution BP

No wonder it's a clear solution



Succinct Prescribing Information Presentation A Colourless to pale yellow solution containing lactulose 3.35g/5ml. Also contains lactose 0.3g/5ml, galactose 0.55g/5ml. The product complies with the specification for Lactulose Solution BP. Available in bottles of 300ml, 500ml OP and 1 litre and plastic containers of 5 litres. Basic NHS price £2.61, £3.80, £7.73 and £38.45. **Indications** 1. Constipation. 2. Hepatic encephalopathy (Portal systemic encephalopathy). 3. Hepatic coma. **Dosage and Administration** Constipation Starting dose: Adults 15ml twice daily. Children 5-10 years 10ml twice daily. Children under 5 years 5ml twice daily. Babies 2.5ml twice daily. Hepatic encephalopathy 30-50ml three times daily, and adjust according to response. **Contra-Indications, Warnings, etc** Contra-indications: Galactosaemia. Gastro-intestinal obstruction. Precautions: Lactose intolerance. **Product Licence Number** 0512/5001R. Further information is available from Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281. LJ/1/88.

**duphar**

## It's a sham!

I read Dr Roberts' comment in *C&D* (letters last week) with amazement. The myth that dispensing doctors provide a 24 hour a day, 365 day a year service really has to be shown up as no more than a sham. Hardly a Saturday goes by without a dispensing patient coming into my pharmacy for an "emergency supply" because the surgery is closed.

On Christmas Eve I was telephoned in the evening by the daughter of an elderly lady who had complications after flu. She lived some 10 miles from my pharmacy (nor was she a patient of my local doctor) and was a dispensing patient, along with some 10,000 others, on the lists of nine or ten doctors in a neighbouring town.

The doctor who called on her was from a deputising service from the city. He had no idea how the patient was to get her prescription dispensed: he was deputising for the dispensing doctors but only on a diagnosis and prescribing basis. I was pleased to be able to help out in this case.

Dispensing doctors giving a service 24 hours a day, 365 days a year! Come off it, Dr Roberts!

David Coleman  
Stalham, Norwich

## A few rural facts

Following Dr Roberts' recent letter I would like to list the following observations made from my rural pharmacy vantage point.

**1.** I was recently required to dispense an urgent prescription at 4am at my pharmacy for chloramphenicol eye drops.

**2.** The only prescriptions received from outside the one mile limit by this pharmacy are dispensed on Saturday afternoons when the surgery is closed.

**3.** Patients cannot obtain repeat prescriptions on the same day at the surgery. They have to give 24 hours notice and travel to the surgery — not the pharmacy — to collect them.

**4.** Repeat prescriptions are being changed from generic to proprietary products at the surgery, apparently to protect the dispensing doctor from the so-called problems of product liability. Patient confidence is eroded — new medicines are seemingly prescribed without consultation. The cost implications are substantial.

**5.** In this small pharmacy about 60

prescriptions per month have to be corrected at the surgery for error.

**6.** Computer generated prescriptions are issued by receptionists at the surgery, unsigned or with little regard to legal requirements.

**7.** Handwritten (almost undecipherable) prescriptions tendered at consultation, are dispensed at the surgery by a young girl without supervision.

**8.** Warning labels, as per the BNF, are never used on products dispensed at the surgery.

**9.** In the non-pharmaceutical, ie medical sphere, it is almost impossible to see a practitioner without making an appointment a few days in advance.

A 24 hour, 365-day service by individual practitioners has almost certainly ceased to exist. Dr Roberts should not seek to perpetuate a blatant untruth, and stop denigrating another profession whose intent is to benefit patients' welfare. He should also declare significant financial interest in his dispensing.

"Patient protector"

## Dispensing a service?

A question to David Roberts, chairman of the Dispensing Doctors Association: Do dispensing doctors really provide a "pharmaceutical service"?

A few points come to mind:

1. Do dispensing doctors carry a full range of OTC medicines?
2. Are they available to answer on demand, queries about all aspects of healthcare?
3. Do they have computer labelling systems that produce patient information leaflets to reinforce oral counselling?

I am sure that there are no



Pharmacist T. Cusick, of Conors Chemist, Portadown has won £100 worth of Trust House Forte leisure cheques after entering a competition featured in the Chancellor Group's news letter. Mr Cusick was asked to caption a cartoon depicting Tarzan fleeing from a swarm of bees. He was presented with the vouchers by Richard Moore (left) of W.P. Moore of Belfast, Chancellor's Northern Ireland distributor.

dispensing doctors who can answer "yes" to all of these questions. So what is the solution? I suggest that it is time for doctors and pharmacists to stop squabbling between themselves, join forces and tackle the Government on the central issue — funding for both groups of contractors to provide their own service, in rural areas.

Peter Prokapa  
Wombourne

## Doubts over garlic?

A confusing and potentially damaging paper about garlic published in the *British Journal of Clinical Pharmacology* is being reported in a number of journals at present (see *Topics in Treatment* last week).

The paper and the conclusions it reached were unfounded due to the lack of awareness of recent studies. The only study on Kwai tablets which was quoted was from 1985. There have been 12-13 trials since then.

The new trials have now been brought to the attention of the media. Much of this work has recently been presented at the first International Garlic Symposium in Germany, the results of which have now been published in English.

A main conclusion of Dr Kleijnen was whether large amounts of garlic were needed to prove clinical effectiveness. This did indeed appear to be the case according to early trials. Now it is possible to produce dehydrated garlic powder to a standardised level of the allicin. These developments have enabled effective clinical work to be undertaken for the first time with a standardised product. Our

studies have been performed with daily dosages of 300-900mg garlic powder (equivalent to about one clove of garlic).

A second point of criticism was the inherent difficulty of performing double-blind studies with garlic or garlic preparations. This, too, was certainly true in the past but has largely been circumvented by the availability of a tableted product which overcomes the odour and taste problem. At the dosages used in our trials only 5 to 10 per cent of patients developed garlic "signs".

We absolutely agree that totally odourless garlic preparations are ineffective, since the medical effects are based on the action of allicin and its odorous sulphur secondary and tertiary products. The way to keep the odour problem controlled is dependent on the galenic preparation of the garlic powder so that the formatting of smelling products occurs in the intestine, and that the dosage is chosen so that the vast majority of patients see clinical effectiveness without odour occurring.

Dr Jörg Grünwald  
Lichtwer Pharma

## Substitution

In your January 13 issue, the question of safety of tobacco lozenges was raised by Xrayser's "Topical reflections". We would like to reassure pharmacists about Stoppers tobacco substitute lozenges.

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**Local knowledge, national strength**

# The heat is on



**It is worth sticking to the sunny side of the street this year with the sunpreps market set to soar into the 90s. The sector has never looked healthier, but consumer attitudes are changing and it is time for the independent to come out of the shade and wise-up to suncare trends for the future...**

Already hailed as the sunniest Summer this century, sizzling temperatures in 1989 dazzled the sunpreps market, sending sales figures soaring. The sector has never looked healthier — now valued at £77.4m it grew by 19 per cent last year and manufacturers expect the upward trend to continue.

"We expect to see sunpreps top £80m in 1990", says Nicola Chegwidden, senior product manager at Smith & Nephew. Sally Hunt, at Chefarco, attributes the market surge to the fact that customers started tanning very early in their own gardens last year. "Products purchased for home use rose 45 per cent to take a 35 per cent share of the market," she said.

According to SDC, last Summer's best

months were July and August, although an astonishing 17 per cent of sales were made in September and 27.4 per cent in May and June.

If the market looks healthy, then so too do consumer attitudes. Last year saw a definite change in tanning trends. The "bronzed goddess" look is out, replaced with a healthier, safer alternative — "the lighter shade of brown" story. Andrew Dixon, the healthcare development manager at Windsor Pharmaceuticals, believes that there will be a growth in protection brands and a gradual decline in tanning brands this year. Director of consumer products, Anthony Bush, warns: "The trend of gaining a tan at all costs is over".

Figures from Windsor would seem to confirm this trend. They reveal that sales of protection factors above seven in the 12 months to June 1989 have increased to take a 33.2 per cent share of the tanning products sector (28.5 per cent for the same time in 1988), while factors four to six have increased to 43.4 per cent (40.8 per cent). Sales of factors one to three have dropped from 30.7 per cent to 23.6 per cent. Nicola Chegwidden at Smith & Nephew claims that oils, classically forming the lowest protection factors have also declined, now representing less than 12 per cent of the market.

Both the television and the national Press have done their bit to encourage this trend and with 1989 earmarked as "Europe against

cancer year", the Health Education Authority warned consumers against the dangers of too much sun with its "Are you dying to get a suntan" campaign, highlighting the connection between excessive exposure to the sun and skin cancer.

Far from dissuading ardent sun worshippers the various campaigns seem to have educated them towards sunbathing sensibly. People still want a sun tan but the increase in sales of middle to high protection factors shows that they want to do it properly. "The consumer has wised up to the dangers of too much sun and, although a sun tan is important, equally important is the way it is developed. This will be seen more strongly in the '90s," says Aisling Cloonan, brand manager at Ciba Consumer.

The picture is indeed rosy, but a glance at the independent chemists' share of the sector is less satisfying. Although chemists hold 61 per cent of the total market for the year ending September/October 1989 a massive 42 per cent of this is controlled by Boots. This leaves the independent with a 19 per cent share, down 2.5 per cent year on year. Grocery stores account for 9.4 per cent of sales while drugstores took 9.9 per cent of the market, say SDC.

Most manufacturers believe pharmacies have a key role to play in promoting sales of sun preparations, although they must alter their attitudes towards the market. "Many



Nicholas have added a tan encourager milk to their Almay range

pharmacists see stocking sunpreps as a risky business, leaving them with a lot of dead stock at the end of the day" says Anthony Bush, adding that the pharmacist who displays and chooses brands well should never find himself in this position. He recommends stocking and displaying the number one brand on the market, a protection brand, specialist products, a cosmetic brand, a children's range and a low cost brand.

Nicola Chegwidden believes that the most important thing is to secure customer loyalty by providing advice, utilising manufacturers' manuals and training staff. Ciba's Aisling Cloonan adds that the wise retailer will stock sunpreps all year round. "Obviously less space should be allocated to them in Winter, but they still sell during these months and there is an opportunity for pharmacists to boost sales in this area," she said.

However, Windsor's Anthony Bush warns: "Sun protection is no longer a cosmetic issue and until the pharmacy industry recognises this fact and highlights its expertise in this area, it will continue to lose market share."

## Facing the factors

Sunscreens, the jewel of the sunpreps market, were valued at £62.9m for the year ending September/October 1989, according to SDC, up 21.2 per cent on the previous year's figure. Windsor Pharmaceuticals suggest that there is an increased popularity in thick creams, which took 28.9 per cent of sales in the 12 months to August 1989 (24.3 per cent in 1988). And although sales for lotions and milks declined slightly by 3 per cent, they still account for 57 per cent of sales. Oils dropped by just over 1 per cent to take 11.6 per cent of the market.

Smith & Nephew believe that there is a definite tendency within the sector towards adopting a regime. "People are buying a range of suncare products to care for their skins both in and out of the sun. This will be big news in 1990, as we see skincare and suncare regimes merging," says Nicola Chegwidden.

The emphasis on protection and care has been reflected in the types of products launched for this Summer — however, manufacturers are by no means ignoring the higher factors.

## Gel takes off

Gel is set to become the buzz word in sunpreps this year as more companies than ever before move into gel formulations. Clarins offered a deep tanning gel and a sun gel last year and are continuing to use it this year, while Lacoste offer an intensive bronzing gel. Smith & Nephew have stepped into the ring with a new gel range under the Nivea brand, claiming that gels will eventually nudge oils out of the market. "They are less messy, more

appealing and easier to use," says the company.

Among their new product range is a SPF 4 oil free hydro-gel (100ml £3.99). It is complemented with after-sun gels. Hawaiian Sol and Hawaiian Cool are part of the gel range offered by Solarium Services. The former can be used under a UVA solarium, says the company. Both products retail at £3.29.

A gel with a difference is the Jungle Formula Company's Jungle Formula with UV screens in gel (£3.60) and pump spray versions (£3.90) offering protection against biting insects and burning sun.

## Lotions still tops

Despite the emergence of gels, manufacturers are still launching new milks, creams and lotions with a vengeance. Ciba Consumer have introduced a SPF 24 tinted sunblock stick into the Piz Buin range (£3.99) to complement their SPF 24 sunblock lotion launched last year. They are supporting this year's range with information leaflets and POS units.



The self-tanning milk from Ciba

In rationalising their Nivea suncare range for 1990, Smith & Nephew have launched a new 100ml SPF 15 cream to replace their current 50ml size (£5.69) and have added a maximum protection sunblock lotion (125ml £6.59). They have also made their SPF 4 cream water resistant (100ml £4.59).

Creightons are following this trend with several new introductions into their Sun Veil range — Aloe vera and oak bark sun tan lotion SPF 4-6 (200ml £4.45); aloe vera sun tan lotion SPF 8-10 (200ml £5.00) and total sun block (25ml £2.95) — while Warner-Lambert Healthcare have introduced a sun shield lotion with a SPF of 30 into their Hawaiian Tropic range (125ml £6.25). It is said to be waterproof even after a 30 minute swim.

## Spray on protection

Warner Lambert have also moved into the spray sector with a Hawaiian Tropic protective tanning spray SPF 6 (200ml £6.75). However, the company believes that consumers will follow strict suncare regimes this year and have complemented the higher factor with a lower "professional" tanning spray SPF 2 (200ml £6.75). Malibu are also "spraying-it" with their spray sun oil (150ml £3.95).



A new look for Ambre-Solaire

## Ranges that complement

Many companies are now complementing their higher factors with lower ones. Laboratoires Garnier are very keen to promote a suncare regime with their Ambre Solaire range, still the market leader with a brand share averaging out at 23 per cent, says the company. "It's important for pharmacists to display the whole range of a particular brand because consumers are starting to follow a sun care pattern, moving from higher to lower factors for a safer tan," says Ben Gordon, senior product manager.

The advanced protection system introduced into Ambre Solaire's creams in 1989, has been incorporated into the milks this year in factors 3, 5, 7 and 12. The milks will be launched in new updated slimmer bottles. The company has also introduced a maximum protection cream 25 (100ml £6.59) to replace the existing sunblock which will be phased out this year. The entire range will be supported with a media spend "in excess of £1m".

Scholl have added to their 1990 Coppertone range with a rapid tanning cream SPF 2 (£4.45). "Lower factors will not just disappear — rather consumers will start to use them wisely for a safer tan," says Andrew Edyean, marketing manager at Scholl Consumer Products. The company has devised a £350,000 promotional programme this year.

Vichy are hitting the sunscreen sector with a deep tanning SPF 2 (125ml £6.50) in an ozone friendly pump dispenser. They are supporting their range with sun care leaflets offering tips on safe tanning as well as shelf merchandisers and show cards.

Also favouring the pump action dispenser are Nicholas Laboratories, who have introduced a tan encourager milk SPF 4



Coppertone gets three more

(£5.85) into the Almay range. It is enriched with emollients to protect against dehydration. Encouraged by the success of their suncare range launched last year, Revlon have introduced three new products for this Summer. New in the sunscreen sector is a tanning lotion SPF2 (200ml £8.50) developed for skins that are tanned or tan easily.

## Promotions for 1990

Even companies not launching new products this year are packing heavy-weight support behind their current ranges. Eylure are retaining their "across the board" price of £3.95 for their Malibu range and are also introducing trade and consumer competitions as well as Press and poster-advertising during the Summer. Also maintaining a uniform price are Linco Impex with seven products in their Calypso range, all priced at £2.95.

Cupal are promoting their range with a new look pack available from Easter, and Erolux are promoting Banana Boat with free t-shirts, car stickers and sun visors. Chefar, who claim to have finished the season with a 6.9 per cent sterling share of the market with Bergasol, will be supporting the brand with a £500,000 women's Press and poster campaign. They are offering a choice of three display units and a four-tier floor stand incorporating a "skin type" slide indicator, consumer leaflets and header cards.



S&N move into gels for 1990

## After-sun soars...

It has been another great year for after-sun, up 19 per cent (from £9.5m to £11.3m) for the year ending September/October 1989. The increased concern over skincare in the sun has reflected well in sales. Smith & Nephew are emphasising their commitment to the sector with the launch of an aftersun cooling hydrogel (100ml £1.99). They have complemented this with an aftersun shower gel (200ml £2.99) said to fulfill every skincare need both in and out of the sun. The entire Nivea range will be supported with a £5m promotional campaign, and for every pharmacy order the company receives for Nivea sun they have pledged to plant a tree in conjunction with the National Trust.

Scholl have added a deep moisturising after sun to their Coppertone range (250ml £5.49), to take their "when you care about the way you tan" theme into the '90s.

Vichy have introduced Heliocalm, an after sun product with a difference. It is enriched with plant extracts and is said to relieve soreness and irritation caused by the sun. It comes in a pump spray (125ml £7.50).

Calming suntanned skin is top of the list for Roc Laboratoires this year, with the launch of a calming cream (40ml £6.35) and a soothing lotion (150ml £6.15) into their suncare range. It will be supported from May in the women's Press and merchandising material, including free trial-size samples, is available.



Children's suncare looks set to soar

## Baby boom

A sector fast coming into its own is children's suncare. Mothers now demand a specific sun care range for kiddies and manufacturers are starting to come up with the goods. Windsor Pharmaceuticals have launched Uvistat Baby Sun into this developing sector. "Although Uvistat has always been prescribed for children, greater awareness of the dangers of excessive exposure to UVA in childhood has created a need for products that provide the highest possible protection during critical years," says Anthony Bush.

The new range comprises: a factor 22 physical sunblock, which the company says is also cosmetically appealing because it adds a sheen to the skin, rather than an "unsightly white barrier" (50g £4.99). It has a water resistance of 85 minutes and contains micronised titanium dioxide, as well as the mexenone sunscreen. Baby sun factor 12 will allow a slight tan to develop and is designed specifically for older children (£5.99). Baby sun aftersun lotion (200ml £3.99) completes the range. The range comes in branded cartons carrying a checklist on protecting young skins. POS material is also available.



Two consumer offers with the Maws range

Nicholas Laboratories are supporting their Maws children's suncare range this year with two consumer offers. Customers purchasing any two items from Maws suntime will receive money off two toys from the Kiddicraft range.

A display unit has been designed to hold the range as well as suncare leaflets.

Scholl are adding a children's moisturising aftersun (100ml £4.95) to Coppertone, while Warner-Lambert Healthcare say that the launch of the Hawaiian Tropic "baby faces and tender places" has been so successful that they have introduced a larger 200ml size (SPF 15) for those with larger families (£6.95).

## It's a fake

The only sector to suffer from the heat last year was the artificial tan market. Worth £3.6m for the year ending September/October 1988 it is now valued at £3.2m, down 11 per cent, according to SDC. Obviously with sunshine on their doorsteps, consumers just were not interested in "faking it". However manufacturers appear philosophical over the set back. In 1990 there will be an increased development in the artificial tan sector due to an increased awareness of the dangers of the sun, say Vichy.

The company claims that the artificial tan sector caters for a young market with a core buying sector of 18 to 35 year olds. With this in mind, they have introduced a protective self-tan with a protection factor 6 (100ml £8.95). Ciba are so confident in the future of this sector that they have launched a jet bronzer (200ml £6.75), an improved version of their current self tan product.

Determined not to be left behind, Revlon have added to their range with a self tanning lotion with a SPF — (200ml £8.50). It tans while it protects, says the company.



Success leads to more from Revlon

## Caring for the face

Let's face it, caring for the tenderest parts in the sun is crucial. Consumers are becoming increasingly aware of the different tanning requirements of the face and are starting to demand specific products for this delicate area. Smith & Nephew moved into face care last year with Nivea Sun for the face: "The face is the most vulnerable part of the body under the sun" says Nicola Chegwidden. "It requires very different treatment from the rest of the body." She said that the face care range has done "better than expected" in its first year.

Laboratoires Garnier are also active in this area and came up with their wrinkle defence tanning cream for the face in factors 4 and 12 last year. Consumer reaction has been encouraging, says the company, and as a result they have launched an intermediate factor 8 for this Summer (£5.65).

Lips also require specific attention and this year Revlon have introduced a lip protection stick factor 12 (4g £5.95). It comes in a lipstick case and is ideal for regular use, says the company. Meanwhile, Creightons have gone

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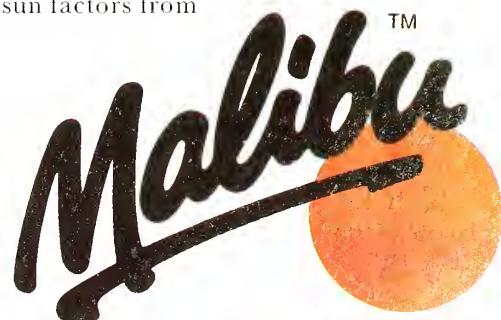


Malibu brings together advanced formulation and value in a range of sun creams, oils and lotions as well as shower gel, face cream and a special Holiday Haircare Pack.

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minty with their new mint lip balm SPF 15 (10ml £1.95). A.H. Robins will be supporting their Chapstick sunblock 15 with POS promotional material from March to May. Windsor have launched a factor 15 Uvistat lipscreen to replace their old factor 5 formulation (£1.99).

### Wash away

Beauty International, however, claim that companies are moving away from products that artificially alter skin colour and are looking for more natural products. Their Coty Sunshimmer make-ups are water-based gel products that give the appearance of a natural tan, but can be removed with soap and water. New this year from March is a tinted protective day moisturiser available in three shades (50ml £3.75).

"Pharmacists should watch the fake tan sector, because 'play it safe and fake it' is likely to be one of the key media messages of 1990" says Aisling Cloonan at Ciba.

### Top ten tans

1.	Ambre Solaire
2.	Soltan
3.	Nivea
4.	Avon
5.	Bergasol
6.	Piz Buin
7.	Hawaiian Tropic
8.	Superdrug
9.	Uvistat
10.	Coppertone

Source: SDC

### Factor facts

Total suntan products % sterling sales

SPF	12 months to June 88	12 months to June 89
0-3	30.7	23.6
4-6	40.8	43.4
7+	28.5	33.2

Source: Uvistat

### Sun Tan Preparations Sector Values in (000's) Pounds Sterling

	12M TO SEPT/OCT 88	12M TO SEPT/OCT 89	
TOTAL MKT	65023	77488	+19.2%
Thick creams	16620	23190	+39.5%
Lotions and milk	39155	43636	+11.4%
Oils	7429	8691	+17.0%
Other	1818	1972	+8.4%

Source: SDC

### Sun Tan Preparations Outlet Shares (Sterling)

	12M TO SEPT/OCT 88	12M TO SEPT/OCT 89	
TOTAL MARKET	65023	77488	+19.2%
Chemists inc.			
Boots	60.4%	61.1%	
Grocers	8.8%	9.4%	
Others inc.			
drugstores	30.8%	29.5%	

Source: SDC



Baby Faces now in 200ml to cater for larger families, say Warner Lambert

## Giving answers to the burning question

**Sunburn affects large numbers of people to a greater or lesser degree every year. Vichy's company pharmacist Cathey Holland looks at the effect of too much sun and how pharmacists can advise people on avoiding sunburn or how to deal with it**

Ultra-violet light in reasonable doses stimulates vitamin D production in the skin and increases feelings of physical and mental well-being, but too much burns the skin, ages it prematurely and can cause cancer.

The skin's defence against the sun's rays is the production of a protective pigment — tanning — and slight thickening. Both change the skin's optical properties so less UV can reach the living layers and underlying tissues.

Skin types can be defined by their ability to burn and/or tan as shown in figure 1.

Skin type	Definition
1	Always burns. Never tans
2	Burns easily. Tans with difficulty
3	Burns rarely. Tans easily
4	Never burns. Always tans
5	Genetically brown skin (Asian)
6	Genetically black skin (Negroid)

Figure 1

Melanin is the protective pigment produced during tanning and it absorbs strongly through the UVB and visible spectrum. Sunlight reaching the skin contains ultra-violet light of wavelengths UVA (320-400nm) and UVB (280-320nm) as well as infra-red and visible light. The skin reflects about 5 per cent of UV light and absorbs the rest. Any melanin already present absorbs UVB and visible light. UVA passes into the epidermis, darkening melanin already present in the upper layers of the skin, and through to the dermis where, if sufficiently strong, it may contribute to sunburn.

UVB penetrates as far as the lower layer of

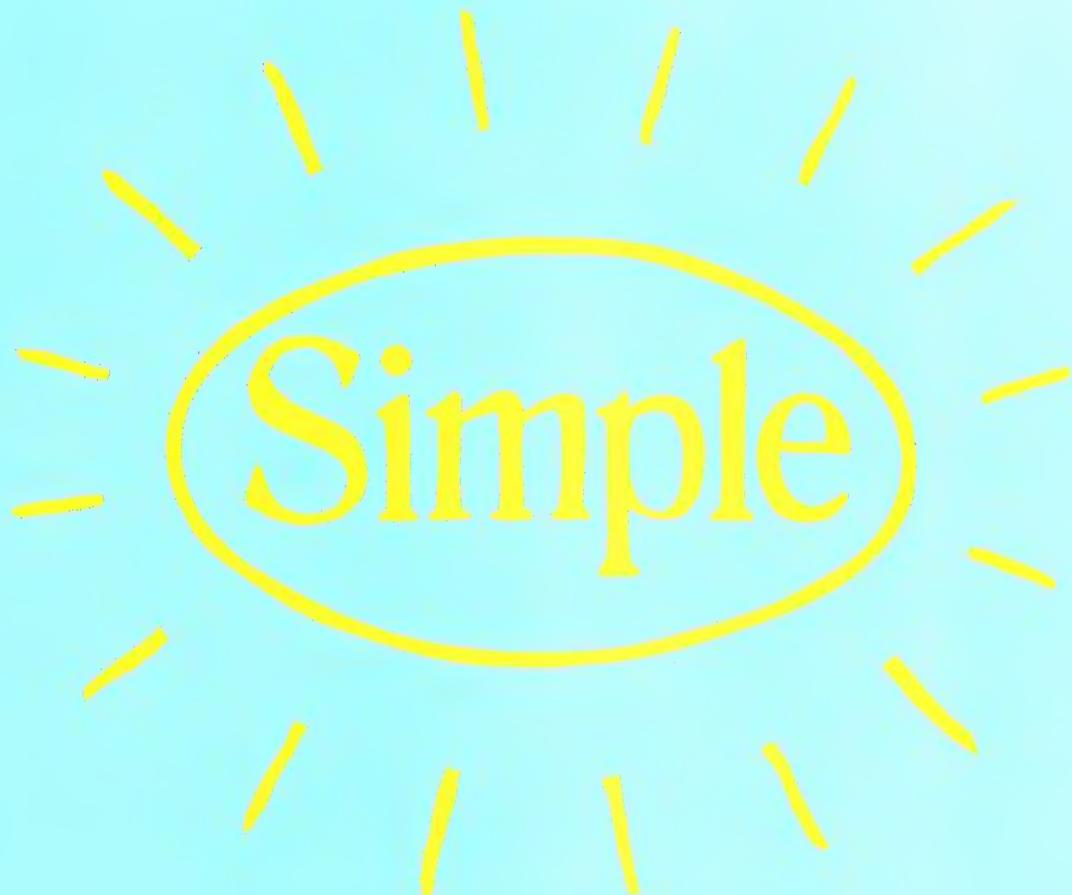
the epidermis, where it stimulates melanocytes (the skin's melanin-producing cells). Within these cells, melanin is made in specialised organelles called melanosomes, which are transferred to neighbouring epidermal cells (keratinocytes). Once in a keratinocyte, melanosomes in white skin are surrounded by a membrane; those of black skin are larger, contain more pigment and remain separate. The melanosomes align themselves over the keratinocyte nucleus, forming a protective melanin cap. As keratinocytes are pushed upwards in the skin's normal renewal process, the melanocytes of a white skin gradually break down whereas in a black skin they remain intact.

Paler skins — types 1 and 2 — produce a yellow-red melanin, phaeomelanin, which is a less efficient absorber of UVB than the brown-black eumelanin found in darker skins.

The number of melanocytes does not vary between races, paler skins are just less efficient melanin producers, so much so that types 1 and 2 are likely to suffer sunburn after only 20 to 40 minutes exposure to the midday sun in a British Summer. Melanin production maximises after about three days exposure, so all skin types are more liable to burn in the first few days.

If we consider skin pigmentation as a "sun protection factor", after 20 minutes exposure at midday for 15 days, skin type 1 will develop protection equal to sun protection factor (SPF) 2, skin type 3 equal to SPF 6 and skin type 6 equal to SPF 10. Genetically black skin has an in-built SPF 13.

Albinos' skin and the de-pigmented



For the first time ever, we've added something.



Simple, famous for adding absolutely nothing to any of their skincare products, have finally added something.

A new Suncare range.

Today, people are more conscious than ever of the harmful effects of the sun and they know

that additives, particularly perfume, can add to the harm done to their skin.

People trust Simple, who have built an unrivalled reputation in skincare, so they'll really welcome Simple's new Suncare range, offering protection for all skin

types – even the most sensitive – knowing they can enjoy their sunshine holidays, free from worry.

"Not perfumed. Not coloured. Just kind" naturally applies to the new range and a £½m advertising campaign, in women's magazines and national newspapers, will be

drumming the message home.

Add the £2m TV spend on the Simple Skincare Range and the message will pack some punch.

Add Simple Suncare to your suncare fixture.

Then add up what you'll earn from it!

The new Suncare range from Simple. Not perfumed. Not coloured. Just kind.

patches of vitiligo cannot make melanin.

Skin thickening results from the effects of UVB on the epidermis. Initially, mitosis is inhibited for about 24 to 48 hours, then it restarts, peaking around 72 hours after exposure. This wave of mitosis lasts for several days or weeks resulting in the stratum corneum practically doubling in thickness. This confers an SPF of about 2 and is the only natural protection in albino skin.

Sunburn is an inflammatory reaction caused by UV damage, its severity depending on the overall "dose" received, ie the combination of intensity and duration. UVB produces sunburn most potently, UVA is 1,000 times less potent.

Within a few minutes of sunlight exposure, the skin warms and a pale skin may redden. This immediate erythema is due to infra-red radiation which causes transitory thermal heating, and is thought to potentiate the damaging effects of UV.

Sunburn appears after anything between one and 24 hours following exposure, peaking at 12 to 24 hours with the typical rubor, tumor, calor and dolor of inflammation. Lesions vary from an itchy, pink erythema to blistering eruptions and general illness — fever of 40°C, lassitude, dizziness, nausea and headache. In severe cases first or second degree burns may occur and where large areas of skin are involved, shock may result.

The inflammatory response lasts for hours or days and recovery from moderate sunburn usually occurs within about five days. Epidermal pigmentation and thickening follow, unless the skin has been badly damaged when it peels.

The biochemical changes in the skin which produce sunburn have yet to be fully elucidated but we know that UVB causes epidermal oedema, and the skin starts to feel hot and tight.

When epidermal cells are damaged by UV radiation, they become so-called "sunburn cells", distinct from keratinocytes (normal epidermal cells). There are various theories about their formation, but it is known that dividing keratinocytes are more susceptible to transformation into sunburn cells and once a cell starts to change into a sunburn cell it becomes more sensitive to UV radiation damage.

Sunburn cells appear within 30 minutes of sun exposure, their numbers increasing over 24 hours depending on the dose of UV. If skin is not repeatedly exposed, sunburn cells disappear from the epidermis within 72 hours, much faster than the normal rate of epidermal turnover.

UV light can generate free radicals in the skin from  $O_2$  molecules. Free radicals damage biological matter and are implicated in skin ageing. Recent evidence suggests that anti-free radicals may be useful in attenuating sunburn.

Dermal changes in sunburn are principally vascular, the arterioles and small veins in the upper (papillary) dermis vasodilate within 30 minutes of exposure, gradually increasing up to 24 hours — the endothelial cells lining the vessels swell and red blood cells can occasionally escape. Around the vessels oedema builds up and there is an influx of white blood cells.

These dermal and epidermal changes in sunburn are induced partly by the direct effects of UV light, partly indirectly by mediators such as histamine, prostaglandins, kinins and others as yet unelucidated.

Long-term consequences of repeated UV exposure are a prematurely aged skin and the

risk of developing skin cancer.

UVA passes into the dermis and damages the supporting elastin and collagen causing wrinkling and premature ageing including solar elastosis, a degeneration of the elastic tissue which appears as yellow patches under the skin. It occurs most often on sun-exposed areas — face and back of hands — and is said to be a barometer of the skin's cumulative dose of UV.

## Cancer link

Skin cancer is definitely linked to cumulative UV exposure. Although mitosis is inhibited after exposure, DNA repair starts fairly quickly. Faulty or incomplete cell repair may lead to mutation especially if repeated UV exposure has overloaded the skin's DNA repair systems.

Basal cell carcinomas typically occur on the head and neck, in fair-skinned people with outdoor lifestyles. Squamous cell carcinomas are more prevalent in areas of intense sun exposure. Melanocytes do not usually proliferate, but UV damage can change them into melanomas. The incidence of malignant melanoma is eight times higher in Australia than in Scotland, with genetically similar populations. At particular risk are people who suffer repeated sunburn, particularly in childhood, and those who are indoors most of the year but receive short-term exposure to intense sunlight. Two holidays a year on a tropical beach may be good for the soul but they are definitely not good for the skin!

The fact that sunburn resolves completely, even after a blistering erythema, can make people unaware of the dangers of too much UV exposure in general and sunburn in particular.



Sunburn awareness POS poster from the NPA "Ask your pharmacist" campaign

## Pharmacy advice

So what advice can we, as pharmacists, give? *On sensible precautions in the sun:*

- Take every precaution to avoid sunburn, especially babies and children, the immunosuppressed and those with depigmentation conditions.
- Avoid intense midday sun, between 11am and 2pm.
- If a tan is desired, build up sun exposure gradually.
- Sun is stronger at higher altitude, where a higher proportion of UVB rays reach the earth's surface, eg at 3,000m, you receive 40 per cent more UVB than at sea level and practically no UVB at the

Dead Sea, 400m below sea level.

UV light reflected off the ground increases the amount received: 85 per cent from snow, 25 per cent from sand, 5 per cent from water and 3 per cent from grass. Even in the shade, reflection of UV rays can expose you to up to 50 per cent of the ambient radiation.

Water does not protect against UV, which penetrates up to a metre.

UV light passes through light cloud and is only partially blocked by dense cloud so you can still burn on a cloudy day.

Patients on photosensitising medication should be warned to avoid the sun or, where exposure is unavoidable, to wear a good sunscreen.

*On choice of sun protection and tanning products:*

People who want to tan should use products of sufficiently high SPF to prevent burning.

Choose products containing both UVA and UVB filters plus a reflective agent (micatitanium or zinc oxide) in a sun block.

Waterproof preparations are essential for the pale skinned, babies and children and water sports enthusiasts.

Re-apply all preparations every few hours. Waterproof ones should be re-applied if you have towelled dry after swimming.

A sunblock — SPF 15 — should always be used by skin type 1, babies and children. Skin type 2 should not go below SPF 6.

Use a sunblock — SPF 15 — for areas susceptible to burning: nose, cheekbones, shoulders.

*On treating sunburn:*

The aim is to cool and soothe the skin and to prevent blisters, if burst, becoming infected. Spray-on treatments are easy to use and minimise pain on application.

Mild sunburn is best treated with a soothing, cooling after-sun preparation which has the advantage of helping moisturise the skin. Some contain plant extracts such as glycyrrhetic acid and bisabol which have soothing and anti-inflammatory properties. Calamine lotion is soothing but not as pleasant to use. The pain of more severe cases can be soothed with a preparation containing a local anaesthetic, eg benzocaine, and, if the skin is not broken, topical antihistamines, eg diphenhydramine or mepyramine can relieve itching and erythema although both these agents are known to cause reactions in sensitised individuals. If severe, oral antihistamines are very effective and one inducing drowsiness may help the patient to sleep at night. Blisters should not be broken as this may allow infection to develop.

Patients should be encouraged to keep up their fluid intake. Mild fever can be treated with aspirin, or paracetamol for children. If the patient is dehydrated, recommend oral rehydration products.

Loose clothing made of natural fibres will be most comfortable. Using an after-sun or moisturiser discourages skin peeling due to dryness but severe skin peeling, leaving pink skin underneath, is due to damage and cannot be avoided.

Severe cases involving extensive burns and physical shock should be referred to a doctor — treatment is the same as for thermal burns and may require topical or systemic steroids. Remember physical shock may not be apparent initially but may develop after a few hours.

The all-important message is: sunburn is serious, so make sure you avoid it.



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# Role of anti-oxidants in disease prevention

There is growing interest in the role of the anti-oxidant nutrients vitamin C, vitamin E and beta-carotene in preventing disease.

They are being studied because of their ability to block or retard cell damage from oxidative reactions in normal cell metabolism which produce so-called "free radicals" which attack essential components of cells such as DNA, certain proteins and membrane phospholipids.

Scientists believe this damage may be an important factor in the ageing process and in degenerative diseases such as cancer, cardiovascular disease, Parkinson's and other neurological diseases.

The following findings were presented to an international conference, "Anti-oxidant vitamins and beta-carotene in disease prevention", held in London last October.

## Cancer

Diets that include plenty of yellow-green vegetables and fruits are known to protect individuals from cancers of the oesophagus, stomach, colon and those linked to cigarette smoking such as lung and bladder cancers.

According to Professor John Weisburger, senior member of the American Health Foundation, the protective elements are considered to be partly the fibre content but mainly the vitamins C and E and beta-carotene.

A large epidemiological study at John Hopkins University, Maryland, USA, compared the levels of beta-carotene, vitamin E and lycopene in the blood of people who later developed cancer with the levels of those who did not. Blood samples from nearly 26,000 volunteers were taken in 1974 and kept at -70°C until used for various studies.

Squamous cell carcinoma, which is the most common form of lung cancer in the UK, was most likely to occur in those with low levels of beta-carotene.

Professor Harinder Garewal, University of Arizona, used beta-carotene to treat 24 patients with leukoplakia - the pre-cancerous white spots in the mouth which are linked to tobacco and alcohol use. The oral lesions were reversed in 70 per cent of subjects



after a dose of 30mg daily for three to six months.

The researchers also found significant increases in the percentage of natural killer cells and T helper cells in patients taking high levels of beta-carotene.

The study supports earlier work by Professor Hans Stich, British Columbia Cancer Research Center, Vancouver, who has been testing the effects of vitamin A in oral cancers and pre-cancerous lesions for many years. He has found that high doses of vitamin A followed by low maintenance doses of beta-carotene can induce long-lasting remission of leukoplakia.

Dr Gladys Block, National Cancer Institute, Bethesda, has examined 40 studies on the links between vitamin C and malignant disease. She concluded there is strong and consistent evidence that vitamin C, or some other agent in foods containing it, protects against cancers of the oesophagus and mouth. There is strong evidence for cancers of the pancreas, stomach, rectum and uterine cervix, although a few studies failed to show an effect.

Vitamin C was also important in avoiding lung cancer.

It has been suggested that vitamin E has anti-cancer effects because it is a lipid anti-oxidant, a free radical scavenger and a potential blocker of the nitrosation which contributes to carcinogen formation. But the evidence is conflicting, according to Paul Knekt, Social Insurance Institute, Helsinki. Studies of serum alpha-tocopherol concentrations in 36,265 adults in Finland confirms the hypothesis that dietary vitamin E protects against cancer but this effect may depend on the cause of the cancer.

## Cardiovascular disease

Dr David Trout, US Department of Agriculture, and others found that 1g daily of vitamin C for six weeks lowered systolic but not diastolic blood pressure in 12 subjects. In another study involving 23 women with slightly raised blood pressure, 1g vitamin C daily for three months lowered both systolic and diastolic blood pressure, although a placebo effect could not be ruled out.

Previous studies have shown that some elderly people with raised blood cholesterol and low vitamin C levels can lower their cholesterol by as much as 10 per cent with a daily dose of 0.5-1g vitamin C. Other studies have shown that diabetics, a group prone to heart disease, may have lower blood levels of vitamin C compared with non-diabetics on similar diets.

Professor Jean-Charles Fruchart, Pasteur Institute, France, has evidence that it is the free radical oxidation of low density lipoprotein molecules carrying cholesterol which leads to the atheromatous plaques seen in heart disease, so anti-oxidant nutrients could help.

Similarly, Professor Hermann Esterbauer, University of Graz, suggests that LDL in its original state is harmless and in the presence of adequate vitamin E and other anti-oxidants will not become the oxidised cholesterol implicated in heart disease.

## Cataract

Laboratory work shows that cataracts are caused by oxidation of lens proteins and this process

may be inhibited by anti-oxidants.

Professor Paul Jacques and his colleagues at the Human Nutrition Research Center on Ageing, Tufts University, Boston, USA, have compared blood levels and dietary intake of vitamins E, C and carotenoids in 77 people who had one or more cataracts and 35 who were cataract-free. Those with low blood levels of vitamin C and carotenoids were found to have about 11 times the risk of developing a cataract at the back of the lens and people with low levels of carotenoids had seven times the risk of developing an outer-layer (cortical) cataract.

Those who ate fewer than 3.5 servings of fruit or vegetables a day had a thirteen-fold higher chance of developing a back of the lens cataract while the chance of developing a cortical cataract was increased five times.

## Neurological disease

It is now thought that part of the degeneration in Parkinson's disease is caused by oxidative damage to nerve cells in the brain.

Dr Stanley Fahn, Columbia College of Physicians and Surgeons, New York, got 14 Parkinson's disease patients who were not yet receiving levodopa to take 3,200iu vitamin E and 3g vitamin C daily. The need for levodopa to treat their symptoms was delayed by two and a half years compared with a similar group not taking the vitamins.

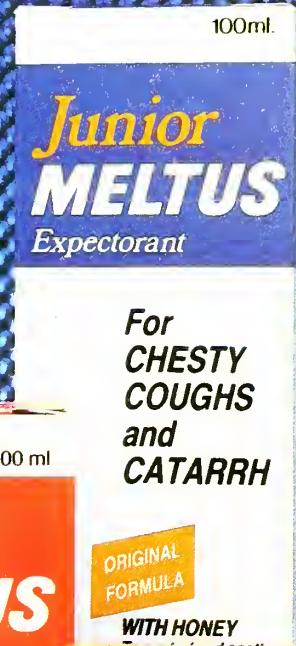
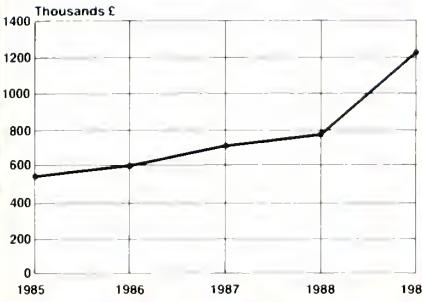
## Where to find them

Foods containing vitamin E include peanut, soya, corn, safflower and sunflower oils, nuts, whole grains, leafy green vegetables, milk and eggs. Beta-carotene is found in the greatest amounts in carrots, cress, spinach, mangoes, melons, apricots, broccoli, tomatoes and peaches, and oranges. Major sources of vitamin C include blackcurrants, sweet peppers, parsley, cauliflower, potatoes, sprouts, strawberries, citrus fruits, guava and mango.

The US National Academy of Sciences recommends that people should consume five or more servings of fruit and vegetables daily. Smoking decreases the levels of anti-oxidants acquired through the diet.

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# Funding sought for independent advice to FPCs on drug budgets

The Royal Pharmaceutical Society's Council is to ask the Department of Health for financial support for the provision of independent pharmaceutical advice to family practitioner committees on GPs' indicative prescribing budgets.

A Department of Health document contains a statement about a financial allocation for the provision of professional advice by a full-time prescribing doctor with administrative support. It was agreed that a financial allocation was also needed for pharmaceutical advice.

**Targets for student intakes** Council is to seek the re-introduction of target numbers for intakes to pharmacy degree courses.

The Education Committee had expressed concern that the teaching and other resources might not be adequate students increased significantly. The Committee saw many potentially dangerous ramifications in the removal of controls on intake, allied to the likelihood that a ceiling would in future be placed on the number of preregistration experience places funded through regional health authorities.

Council agreed to seek the Department of Health's support in a formal approach to the Universities Funding Council and the Polytechnics and Colleges Funding Council to reintroduce target numbers for pharmacy.

The annual analysis of students in schools of pharmacy indicates that the proportion of women students seems to have stabilised at just over 60 per cent. **Urgent claim for course funding** Council agreed to seek an urgent meeting with the Universities Funding Council to press its claim for pharmacy course funding to be at the same level as pre-clinical medicine.

The Education Committee considered a report of the UFC "guide prices" for teaching and was alarmed to learn that pharmacy, within a group of "subjects allied to medicine", would be limited to a maximum bid of £4,000 per student per annum — lower than any of the natural sciences and significantly less than the guide price for pre-clinical medicine, parity with which was the profession's long-term objective.

Unless urgent steps were taken, pharmacy would suffer as a result of a flawed administrative exercise. Pharmacy had been bracketed with subjects which

enjoyed far lower teaching resources and, as a result, would be limited by a bid ceiling which was the average for that group.

The Committee agreed that the profession should renew its pursuit for resourcing on a par with pre-clinical medicine, and Council accepted a recommendation that the Society should urgently seek a meeting at the highest level.

**Draft medicines directives** Draft European Community directives on labelling and package inserts, on the legal status of medicines, on pharmaceutical advertising, and on wholesale distribution of medicines are now available. The community pharmacy subcommittee gave preliminary consideration to the draft directives so that its comments could be taken to a *Groupement Pharmaceutique de la Communauté Européenne* meeting.

**Competitive tendering guidance** Council agreed to provide guidance to those involved in preparing for competitive tendering for pharmaceutical services in Scotland.

It had been reported to the Hospital Pharmacists Group Committee that the Society's Scottish Department had expressed concern to health boards about recent developments in competitive tendering. Decisions seemed to have been made at management level to proceed, but it was not clear to what extent professional officers had been involved. It had been pointed out that any moves to split the functions of procurement, supply and distribution of medicinal products from the clinical service should not harm the latter. The Committee noted that senior pharmacy managers were currently drawing up specifications for tendering.

Because it was felt essential for the specifications to cover the comprehensive pharmaceutical service, the Committee recommended that the Society's own guidelines on the provision of inpatient pharmaceutical services should be made available to CAPOs as a matter of urgency.

**Exemption from wholesale licences** Council agreed to write to the Department of Health in support of a dispensation for community pharmacists from the requirement to hold a wholesale dealer's licence for supplies which were made other than for the purpose of selling again.

Following the National Pharmaceutical Association's response to the proposed increase in fees, the Medicines Control Agency told the NPA that it was re-examining the question of wholesale dealers' licences for pharmacists. There were some 1,850 wholesale dealers' licences, although only about 200 business would normally be regarded as wholesalers.

**Involvement in home chemotherapy** Council agreed to seek greater involvement by pharmacists in home chemotherapy, including cancer therapy, terminal care, enteral nutrition and diabetic therapy.

Members accepted a report of the Council's working party on home chemotherapy, which recommended that community pharmacists should have a greater role in the supply of medications and advice, improved contacts with their hospital colleagues and specialist nurses, and the ability to supply home chemotherapy equipment (such as syringe drivers, nasogastric feed pumps and blood glucose meters). The report also called for appropriate educational material for community pharmacists.

Copies will be sent to the Pharmaceutical General Council (Scotland), requesting joint representations with the Society's Scottish Department Executive to the Scottish Home and Health Department, and to the Pharmaceutical Services Negotiating Committee, requesting joint representations to the Department of Health.

**Receipts for owed items** Council agreed that the issue of receipts for items owed on prescriptions should be commended to community pharmacists.

**Future of DoH chief pharmacist** Council agreed that representations should be made to the Department of Health on the future of the chief pharmaceutical officer post. Last December the secretary and registrar wrote to the permanent secretary at the Department, Sir Christopher France, inquiring about the arrangements that would apply after the retirement of Dr Brian Wills from the chief pharmaceutical officer post at the end of 1989. Council was concerned that the post should continue.

Sir Christopher had replied that no decision was to be made until the re-organisation in the Medicines Control Agency had

been completed. In the meantime, Bryan Hartley would assume the temporary role of head of profession within the Department and Dr Peter Noyce would take Dr Wills' place in relation to family practitioner services and medicines policy matters.

The Society's officers thought it was extremely important that there should be a pharmacist providing professional leadership to the Department over the whole range of pharmaceutical activities and proposed an urgent meeting with Sir Christopher.

**Government acknowledges 28 day scripts** The Practice Committee noted a statement on behalf of the Government that "in the interests of safety and economy, most prescriptions would not normally need to exceed 28 days' supply". The statement appeared in a letter from Baroness Hooper, Parliamentary Under-Secretary for Health, in response to the Society's submission on rational prescribing.

The Committee noted that the letter also indicated the Government's apparently implacable opposition to the triple prescription scheme favoured by both the Society and the BMA.

**Health education funds** The promised £250,000 Government funding for the role of the pharmacist in health care will probably be channelled through the Health Education Authority. It appears that a substantial amount would be made available directly for the Pharmacy Healthcare Scheme, with the balance for supplementary material and activities in support of pharmacists' education role.

**Service complaints time limits** Council decided to make no objections to a draft amendment to the NHS (Service Committees and Tribunal) Regulations 1974 increasing the time limit for service complaints from eight to 13 weeks, despite the suggestion from the Society that a midway point should have been chosen.

**Code for community care** Council accepted the view of the Hospital Pharmacists Group Committee that pharmacists should be involved in drafting a code of practice for the community care of the old, mentally ill and disabled.

**Waste disposal** Council agreed to make a further approach to the Department of the Environment on the disposal of pharmaceutical waste as community pharmacists had difficulties in disposing of unwanted medicines.

**NCVQ proposals** Council agreed that a letter should be sent to the National Council for Vocational Qualifications stating that, while the Council would be happy to discuss the NCVQ proposals for extending the vocational qualifications framework above Level IV, it did not see any benefit in NCVQ involvement in the accreditation framework leading to registration as a pharmacist.

# BUSINESS NEWS

## Business rate assistance

A defence network to help retailers obtain fair assessment of their business rates is being set up by the Retail Consortium.

Mark Bradshaw, who is responsible for property matters for the consortium and one of its members, the British Retailers Association, says: "We want to ensure that retailers do not settle with valuation officers until the bases of assessment have been reviewed. Someone who settles out of turn will prejudice the position of everyone else."

The network being set up by the Retail Consortium, in time for April 1, will comprise a committee of chartered surveyors for every valuation region. Each of these committees will have sub-committees which will act for major towns and shopping centres. Mr Bradshaw adds: "When they start work on April 1 they will be looking at the bases of assessment. They will receive updates on the situation in each town and will be able to recommend to retailers whether they should settle or not."

Mr Bradshaw thinks that most retailers will be briefing a chartered surveyor to act for them on the question of business rates "unless they are confident of being able to work it out themselves...and the phasing system alone is nearly 40 pages of closely typed paper."

The Retail Consortium provided a similar service during the last revaluation in 1973. The Consortium is the umbrella group for six retail organisations and represents some 90 per cent of British retailers.

The British Retailers Association is at Bedford House, 69 Fulham High Street, London SW6 (tel: 01-371 5177).

**The Financial Times** noted a jump of 25 per cent in Rorer shares following an announcement that talks to sell 68 per cent of the group were at an advanced stage. The prospective buyer is not yet known but is rumoured to be Sandoz, Ciba-Geigy or Hoffmann-La Roche.

## Hendon chemist fights to save livelihood

A Hendon pharmacist who may be facing the loss of his business and life savings has started a campaign for legislative control of commercial rents following a 415 per cent rent increase.

David Cohen, proprietor of the Hugh Green Chemist in Vivian Avenue, Hendon, has been hit by a rent increase from £3,850 to £16,000. "I feel a great sense of social injustice that small shopkeepers who have worked hard all their lives can have their livelihoods taken from them," he said. "I have had my pharmacy since 1957 — my life savings are tied up in this business."

Mr Cohen believes that uncontrolled excessive rent rises have become a national problem, threatening small businesses with crippling bills which will force them to close. He has banded together with other pharmacists in his area to press for new legislation to protect the small shopkeeper.

He stresses that there is nothing illegal about the rent rises "which is why legislation seems like the only way of saving small businesses". He believes changes in the ownership of the

properties has lead to a more aggressive approach to setting rents in the area.

Hendon is a declining trading area and this is not realised by new leases coming in from outside the area, Mr Cohen believes. This has meant that landlords have successfully charged rents well beyond what a shop could possibly pay. When there is a rent review for an established business in the area a precedent has been established. Open market letting is based on comparisons, and once shop premises have been let at vastly increased rents another precedent has been set which it is difficult to challenge.

"The difficulties faced by pharmacists over UBR is minor compared with the threat of rent rises," says Mr Cohen.

Some three quarters of the income of the pharmacy is from prescriptions, a relatively fixed income. Mr Cohen's rent is going to arbitration in two weeks time, but he is not optimistic about the outcome, and does not expect it to be reduced to a realistic level.

■ Until last year pharmacists' NHS receipts took account of overhead costs.

## VAT hits gas and electricity

Following a decision of the European Court last Summer, VAT is to be levied on electricity and gas — in fact all fuel and power — used by businesses, from July 1 this year.

The European Commission brought infringement proceedings against Britain opposing some of the zero-rating this country has applied since 1977, and this ruling is the outcome. VAT will be levied at 15 per cent — the only positive rate of VAT used in this country.

Not all businesses will be hit however; some will be able to reclaim it as an input tax. Some businesses, which use only small quantities of fuel, may still find they pay no VAT as quantities below a certain level will continue to be zero rated, according to a spokesman for the Treasury. For advice on this and whether the VAT can be reclaimed pharmacists should contact their local VAT office.

## British trends in shopping

Barclays Merchant Services have launched two reports which analyse shopping trends in locations across Britain using information derived from Barclaycard usage. These are intended to help retailers to target local advertising and promotions.

The first of these reports: "The shopper search relative spend report," sub-divides some 650 different shopping locations and their catchment areas into postal sectors containing around 2,250 households; it highlights which of these sectors spend proportionately more than others.

The second report, called "The frequency of visit report," focuses on localities where the company's credit card is used most frequently.

## Retail sales volumes show December rise

The latest CBI/FT survey of distributive trades shows that the annual growth in retailers' sales volumes in December was up on the previous month and above expectations. It also notes that the growth in orders placed by retailers picked up in December from the low rate of growth recorded in November.

Nevertheless, sales expectations for the New Year in Britain's High Streets are subdued, according to Dr Andrew Sentance, the CBI's economics director. "Retail sales growth in December was up on November

and above expectations," he said. Many traders brought forward New Year sales into December and this may have boosted trade last month."

Meanwhile the Central Statistical Office has released figures for the retail chemist sales index for November last year. This shows that, excluding NHS receipts, the index has risen 5 per cent to 154. The larger chemists' businesses — those with turnovers of £2m or more in 1986 — accounted for the larger part of the rise, with their index rising 9 per cent to 192.

# Generic companies lose appeal on licence fees

A joint appeal by Generics (UK) Ltd and Harris Pharmaceuticals Ltd against a court decision which set the royalty payment for the manufacture and sale of cimetidine at 45 per cent has been dismissed.

The appeals were dismissed subject to the reference of questions relating to importation from non-EC countries, and from Spain and Portugal, according to a *Financial Times* law report.

Smith Kline & French own patent for cimetidine, but were unable to agree licence terms with the two generic manufacturers. The Comptroller fixed royalty at 28 per cent of SKF's selling price. On appeal Mr Justice Falconer fixed it at 45 per cent.

Generics (UK) and Harris contended 45 per cent was too high. The principal issue at the appeal, which was heard on December 14, was the correct method of calculating royalty, according to the *FT*.

In fixing reasonable remuneration Mr Justice Falconer had considered three possible approaches: comparable licences; the "section 41" approach (making an allowance for the patentee's R&D costs, his promotional costs and an appropriate uplift); and a "profits available" approach.

## Western Union cash transfer

US finance company Western Union have launched a cash transfer service in the UK with retailers acting as Western Union agents.

Western Union Money Transfer is a means of transferring cash between one place and another; when someone is in need of cash they call a friend or relative who deposits the required amount plus a transfer fee with the nearest agent. The receiver can then collect the money from his nearest agent.

There is no physical transfer of cash, just a telephone call to the company's main office in the UK.

Western Union is currently recruiting retailers as agents across the UK, and plans to appoint 1,000 by the end of 1990. The new service is to be promoted through a national TV and press campaign in April.

Lords Justice Nicholls and Butler-Sloss determined that royalty for use of a patented generic drug is best calculated by regard to agreed royalties in closely comparable cases where they exist, without the need to look further at less comparable cases or at figures determined by practice.

Where royalty is based on figures for compensation and

reward, the compensation element should not discount promotional costs, unless imbalance of expenditure is shown across the branded and generics markets.

The reward element, reached by no hard and fast rule, may be based on the patentee's profits on costs rather than on the traditional method of return on capital in the pharmaceutical industry.

## Sir Alfred steps down

Sir Alfred Shepperd is to retire as chairman and chief executive of the Wellcome Foundation; the new chief executive will be John Robb, and the new chairman Sir Alistair Frame.

Mr Robb is currently the deputy chief executive, and will take over as chief executive when Sir Alfred leaves in June. Similarly Sir Alistair Frame becomes deputy chairman from February 1 but does not assume the role of chairman until June. Sir Alistair has resigned as a non-executive director of Glaxo Holdings plc with effect from January 16.

The changes were announced at the annual meeting this week. There was speculation that it would be interrupted by the kind of demonstrations the company has faced from activists in America protesting about the cost and availability of the AIDS drug Retrovir. In the event there were

people outside the meeting handing out leaflets and a group of "independent Wellcome shareholders" asking questions. A spokesman for the company described events at the meeting as "lively discussion — not a demonstration."

Meanwhile the Food and Drug Administration has announced a change of labelling for Retrovir. The new labelling will recommend that therapy should commence at a dosage of 1,200mg a day then be reduced to 600mg per day after the first month; currently the labels simply recommend a daily dose of 1,200mg.

A spokesman for Wellcome said the company have known for some time that lower doses were now more the norm, unlike when the drug was originally licensed. "The FDA has formalised what is already common practice," the spokesman said.

## BRIEFS

**Evans Healthcare:** the terms of the £87m takeover of Evans Healthcare by Medirace (C&D December 2) has been approved by an extraordinary meeting of the Medirace shareholders. They also agreed to a change in the name of the company, to Medeva.

**Denroy International Ltd** have moved to 11 Berkeley Street, London W1X 6BU. Tel: 01 495 6737.

**Alpha-Tek Associates** have set-up a computer division called APC, with the pharmacist in mind. They say that pharmacists are still purchasing first generation machines when they should be considering the fast speed machines with text and graphic displays.

APC can offer advice and supply quality hardware and software, which is IBM compatible. APC. Tel: 0203 414890 or 01-688 2777.

**Intelligent POS Ltd** are planning to increase their product range and distribution this year and aim to become a "one-stop-shop" for all retail vendors needs, they say. IPL can also offer a nationwide 24-hour, 365 days per year service. New products will include low cost terminals, modular hardware and improved range of POS peripherals and improved software. *Intelligent POS Ltd.* Tel: 0772 735900.

**World sales in pharmaceuticals** for the Ciba-Geigy group rose 20 per cent last year, against a rise in total sales for the company of just 17 per cent — an 11 per cent overall increase in real terms.

Total sales in pharmaceuticals for 1989 reached \$Fr6,177 million (£247.1m) compared to \$Fr5,168m (£206.7m) in 1988.

The company says it experienced generally good economic conditions in 1989.

## Gillette face anti-trust action

Gillette are facing an anti-trust action in the United States following their bid to acquire the non-EC razor blade business of Wilkinson Sword.

The US Justice Department is arguing that the acquisition would substantially reduce competition in the sale of razor blades in the US, despite the fact that Wilkinson's United States business accounts for only 3 per cent of the US razor market.

One option for Gillette would be to sell on Wilkinson's US interests; the company is saying its main objective in the purchase is Wilkinson's much larger presence in the Far East, South America and non-EC Europe. However, among US lawyers there is some doubt that this would be enough to satisfy the Justice Department, as the Wilkinson Sword business would remain a potential entrant to the US market.

## COMING EVENTS

### Tuesday, January 23

**Croydon branch, RPSGB.** The Medical Centre, Mayday Hospital, at 8pm. "Legal aspects of 1992 on the profession", Mr A.P. Andrews, regional legal advisor, SE Thames RHA.

**Leeds branch, RPSGB.** Joint meeting with Leeds NPA branch. The Parkway Hotel, Otley Road, at 8pm. "The College of Pharmacy Practice", Mr Bernard Hardisty, FRPharmS.

### Wednesday, January 24

**Barnet branch, RPSGB.** Postgraduate centre, Edgware General Hospital, at 8pm. Second showing of the video on the skills training package for community pharmacists providing services to residential homes. Michele Bubb, social services liaison pharmacist, will be present to answer questions.

**Hull Pharmacists' Association.** Postgraduate centre, Hull Royal Infirmary, Anlaby Road, at 7.30pm. "Food for thought", speaker Caroline Orrell. Meeting sponsored by Cow & Gate Ltd.

### Thursday, January 25

**West Metropolitan branch, RPSGB.** Chelsea Department of Pharmacy, King's College London, Manresa Road, at 6.45pm. "The curious history of contraception", Dr D. Bailey, senior tutor, School of Pharmacy, Cardiff.

### Advance information

**National Pharmaceutical Association** is holding a North-East conference and mini-show on Sunday March 18 at The Royal Derwent Hotel, Allensford, Nr Consett. Inquiries to Ann Northey on 0727 32161.

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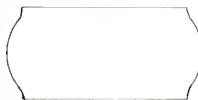
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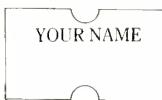
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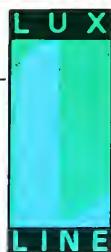
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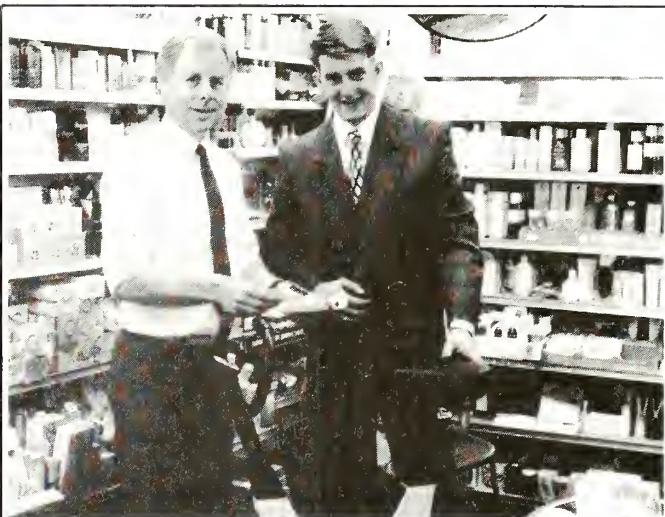
# ABOUT PEOPLE

## Record Pharmaid collection

Some 14,000 outdated copies of the British National Formulary and sufficient 28th edition Martindales to send five to every Commonwealth developing country were recently collected from pharmacies countrywide following the latest Pharmaid appeal organised by the Commonwealth Pharmaceutical Association.

The CPA has been able to increase its allocation of BNF's for each country. Secretary Raymond Dickinson says sincere appreciation is due to those who helped with the scheme.

Pharmacists interested in further supporting the library service are encouraged to send donations to: The Director, Ranfurly Library Service, 2 Coldharbour Place, 39-41 Coldharbour Lane, Camberwell, London SE5 9NR.



*Ivan Hibbert, who won a national Tracker competition, is pictured in his Numark pharmacy in Ashton with Mark Davies from Mars (right) and the prize he won, an exercise bike.*

## AAH plan to help handicapped communicate

AAH Pharmaceuticals are inviting their customers to raise funds for the Chatback project, which enables youngsters with severe speech disfunctions to exchange messages by computer.

Chatback is the brainchild of Tom Holloway, project director at IBM's support centre for people with disabilities.

AAH are inviting pharmacists to set themselves fund-raising targets of £100 to purchase their own modem to help a handicapped child in their region.

A Chatback account has been opened to accept donations at AAH/Chatback Appeal, c/o Barclay's Bank, 161 Euston Road, London NW1 2BD (sort code 20-30-22, account no. 30237949). Non-customers of AAH should contact Charlotte Oliver on 01-323 0017.

## DEATHS

**Todd:** Miss Maria Carson Todd died on December 24, 1989. Miss Todd qualified in December 1930, and was one of the first woman pharmacists on the Northern Ireland Register. She was the only daughter of Horatio Todd, first president of the Pharmaceutical Society of Northern Ireland in 1925. The family business, The Trafalgar Pharmacy, Belfast, remains a pharmacy to this day.



*Out of 70 members in the Isle of Man Branch of the Society, 14 have logged over 50 years on the Register and five 60 years. Is that a record, their secretary asks? Pictured here (front row left to right) are Arthur Craine, Melvin Corris and John Woodworth celebrating 50 years on, with colleagues (back row from the left) branch PR John Hemensley, chairman Brian Woosey, Council and committee member Peter Curphey and treasurer Charles Flynn.*

## APPOINTMENTS

**Chemtec Systems Ltd** have appointed Dale Arm-Riding as sales and marketing manager.

**AAH Pharmaceuticals** have appointed Suzanne Dare as product brand manager for counter medicines at Runcorn.

**Unichem** have appointed Tanya Romanova as territory sales representative for the Willesdon and Paul Leete for the Hinckley area. Heather Gabbot has been promoted to northern retail sales manager for Newcastle, Leeds, Preston and Swansea.

**H. Bronnley & Co** have appointed director John Sheppard as general manager and Henry Lovett is to fill the vacancy of works director. Mrs Phyllis Swift, with 21 years service, has been appointed personnel director.

**Ethical Pharmaceuticals** have made several promotions and appointments. Paul Gibbons has been appointed business development director and Robert Tilson as pharmaceutical development director. Both have been elected to the board of directors. Dr Steven Ford becomes registration manager and Dr Malcolm Stokes has joined the company as research and development projects manager. Mrs Yvonne Biss joins the regulatory team.

**Maurice Hanssen Consultancy:** Russell Soden is returning to the UK health food trade after two years with brewing giant Courage to provide marketing support for Maurice Hanssen's consultancy in the UK. He previously worked for three years with the Booker Health group of companies.

**British Pharmacopoeia Commission:** Dr E. Griffiths and pharmacist Dr G.D. Rees have been appointed as members. Mr W.G. Allen, Dr D.H. Calam, Professor J.A. Goldsmith, Professor J.M. Midgley, Mr G.F. Phillips and Professor P. Turner have been re-appointed.

**The Kendall Company:** Chris Johnson has been appointed director of marketing, a newly created position. Mr Johnson has over eight years experience within the pharmaceutical industry.

# A natural way to boost your throat lozenge sales.

There's a definite trend towards natural products, especially foods and drinks containing wholesome ingredients. That's why new Pulmoll Herbal throat lozenges are certain to generate healthy sales.

Here's our recipe for success.

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- \* Sugar-Free Liquorice, Aniseed & Menthol



1. Soothing and refreshing lozenges in natural stevia sweetener
2. Distinctive convenience in dispensers
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**Merchandise** We're supporting Pulmoll with free sampling in chemists nationwide plus other valuable PR, competition, counter and top off coupons.

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...OOOHH...  
AAAHHMM...  
ARRGHH...  
SNIFF...AAARR  
...AARRHH...'

Now there's a Menthol and Eucalyptus Strepsil for those particularly awkward customer complaints.

With new Menthol and Eucalyptus Strepsils you now have a really effective answer for a sore throat and stuffy nose. Their formula fights the infection while releasing strong menthol vapours to help clear a blocked nose. So you can now recommend a Strepsil for those customers with more than a sore throat. Which should mean even more people asking you for Strepsils this year. Although maybe not in as many words.

